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*Presented by*

Edward Martin, M.D.

179















# The Eclectic Review

## A Monthly Journal

DEVOTED TO

## Eclectic Medicine and Surgery.

GEORGE W. BOSKOWITZ, M. D., EDITOR,

ASSISTED BY THE

FACULTY OF THE ECLECTIC MEDICAL COLLEGE.

ADDRESS SUBSCRIPTIONS AND ALL BUSINESS LETTERS TO GEO. W. BOSKOWITZ, M. D.,  
140 WEST 71ST STREET, NEW YORK CITY.

Vol. VI.

JANUARY 15, 1903.

No. 1

# THE

POSITIVE NUTRIENT  
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STARVED NERVE CENTERS  
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**ARSENAURO.**

THE GENUINE HAS OUR SEAL ON NECK - THE SUBSTITUTES HAVE NOT.  
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# THE ECLECTIC REVIEW

EDITED BY

G. W. BOSKOWITZ, M. D.,

With the assistance of the

Faculty of the Eclectic Medical College.

VOLUME VI.

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# THE ECLECTIC REVIEW.

EDITOR: G. W. BOSKOWITZ, M. D.

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NO. 1

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## GREETING.

We stand again on the threshold of the New Year, and as we look back over the past twelve months and view our trials and joys, our failures and successes we feel that we have taken some steps in the right direction, and that eclecticism is on a firmer, surer basis than it has ever been—that each year adds new dignity and new experiences, and that a healthy growth in all departments has been ours during the past year.

Our school in New York is full of bright young men and women, whose enthusiasm and energy will surely be felt in whatever locality they may elect to practise. From the other schools in the Confederation of Eclectic Colleges come similar reports, increasing classes, of fine material.

Our eclectic library has also been materially strengthened this year by several practical and valuable books. Among them, Mundy's diseases of children, and the second volume of Webster's practice. Our journals have grown and have carried valuable experiences and scientific research to our practitioners throughout the country.

Altogether we may call the year 1902 a successful one for eclecticism, and while we wish our readers a Happy New Year, we also hope that the coming twelve months may bring us more success, more victories.

## THE ECLECTIC REVIEW—VOL. VI

In this, the first number of Volume VI, the reader has a good example of what will follow in the other numbers of this volume. Each one will contain several short original articles giving the everyday experience of our best men—articles of practical value to the busy doctor; the reports of the local and state societies in the East; a special department on practical therapeutics, under the direction of

Prof. J. W. Fyfe; a query and treatment department conducted by Dr. Pitts E. Howes; together with selections, news items, book reviews, etc.; and all this is offered to you, dear reader, for the sum of one dollar, and for your convenience you will find a subscription blank in the advertising pages of this volume. Will you not fill it out during this month and enclose it with your dollar and send it to 140 West 71st street, thereby giving your substantial encouragement to the publishers and not wait for them to send a bill? Many have already done this and to them we are thankful. We expect this year to double our subscription list. You can make the work easy for us by complying with this request.

## SUGGESTIVE THERAPEUTICS.

Dr. J. Thornton Sibley, lecturer on Suggestive Therapeutics in the Eclectic Medical College of the City of New York, will deliver a course of lectures on his specialty in the Hall of the American Institute of Phrenology, beginning on Thursday evening, Jan. 8th, and continuing each Thursday evening during the month. The subject of the first lecture will be "The Present Status of Suggestive Therapeutics." The purpose of this lecture will be to show, that although the prejudice that grew out of ignorance has not entirely disappeared, Suggestive Therapeutics is now advocated and practiced by many of the most eminent physicians in the old and new world. It is a well known fact that many diseases are due to functional derangement or perverted nervous action, do not always yield readily to the influence of drugs, and in such cases suggestion can be used to good effect. In this lecture will be answered the objections usually urged against suggestion as a therapeutic agent, and all the mystery of hypnotism will be shown to be no mystery at all, but simply the working of a plain well defined law.

The second lecture will deal with the History and Development of Suggestion. The lecturer will show that while suggestion as a Science is yet very young, as a fact it is as old as the history of man. Special attention will be given to the work of Mesmer and Braid, who, more than any other two persons, have done most to call the attention of the scientific world to this practical and efficient system of Therapy. The work, however, did not begin with Mesmer. There is evidence in history of its use in all ages of the world, and the wonder is that the scientific world held aloof so long, or permitted the quacks and charlatans to drag it down, in their efforts to surround it with an air of mysticism.

In the third lecture, the Philosophy of Suggestion will receive attention. Since the scientific world began an earnest investigation into the subject, many theories have been advanced to account for the phenomena of Mesmerism or Hypnotism. Many of these theories were evolved from the minds of specialists, as each specialist built up his theory, according to his own peculiar mental training. Religious fanatics attributed the phenomena to the Devil or the Angels, according to his own special religious convictions. When Liebault announced the theory of suggestion, Psycho-therapeutics at once took a position as a science, and it is now given a place among the legitimate systems of practice. The law of suggestion will be treated in detail.

The fourth and final lecture will be on Practical Considerations and Demonstrations.

The lecturer does not claim that suggestion will cure all diseases, but the special directions in which it is indicated will be pointed out. Various cases from practice will be cited to illustrate the points made, and subjects will be hypnotized to show how the passive condi-

tion is induced, and how the suggestion is given for the removal of pain in the cure of disease.

The lectures will be strictly scientific, but presented in such a way that laymen and physicians alike will easily comprehend them.

---

### JOSEPH ADOLPHUS, M. D.

On December ninth, 1902, Dr. Joseph Adolphus, who for many years was Prof. of Physiology in the Georgia Eclectic Medical College passed away. He was nearly ninety years of age, and, to within a short time of his death, he was a constant, vigorous and practical contributor to our eclectic literature.

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### REPORT OF CASE OF ASTHMA.

BY EDWARD H. MUNCIE, M. D.

In 1870 Dr. Y. while working in a hay field began sneezing. The roof of his mouth itched, the eyes became red and swollen, with a hot watery discharge from the eyes and nose. He began wheezing, and breathing became hard. In a week or ten days these symptoms passed off, but ever after, especially in hot weather, a little dust, or sulphuric gas would bring on an attack. He consulted the best physicians and tried several kinds of treatment but, year after year, became more and more asthmatic until he became an invalid unfit to follow any business.

At the time of the first attack he was a student of dentistry but being desirous of finding a cure for his trouble he began studying medicine, making a special study of chronic diseases, especially asthma. He says himself: "While attending lectures I had the advantage of the counsel and advice of the professors of six different colleges, at each of which I attended a course of lectures. I travelled for six years in seventeen states doing business daily with physi-



cians and talked 'asthma' every day with the best of them, so that altogether I had the advantage of the counsel and treatment of thousands of physicians, and yet with all this I suffered from asthma worse and worse each year, until October 1891. My health was then in such a wretched condition that I despaired and thought I could not possibly live through the winter. I was a wheezing, coughing asthmatic, with almost an incessant cough."

The patient at this time weighed one hundred and twenty-five pounds, was sallow and bloodless; hands and feet were always cold, with hot flashes in the head and along the spine. He was dyspeptic and often had sick headache and bilious spells. The only remedy that ever gave any material relief was stramonium and nitre preparation, the smoke of which gave relief. This he had to burn four or five times during the night. There was sometimes as much as a pint of clear stringy mucous expectorated during a night. The stomach was bad and dieting was tried with no improvement. He was treated by a nose specialist who removed the pharyngeal tonsil and turbinated bones and, to use the patient's words, "he bored, sawed, and sprayed my nose and throat for two months, and yet I had asthma all the time." Then another specialist thought the cause a deflected septum and he broke it down and moved it over, and the patient wore a rubber plug in the nose for a month which gave rise to the greatest suffering of his experience. He tried a change of climate which did no good.

Finally he heard of orificial surgery, investigated it and found a way out of his troubles. He had never mistrusted that the rectum was the seat of the trouble owing to the fact that he was never conscious of local rectal symptoms, and at first objected to an examination, saying that he had never had any rectal disease—no piles, pain, constipation, or discomfort at all. The antiquated idea that in order to hold rectal irritation accountable for these rectal disorders,

we must find very marked local disease, and the patient be conscious of local suffering in the rectum, is very strongly disproved by this case as well as many others that have come under my observation. Until we learn to look by the eye of experience to the outlets of the body, even if the patient protests that there is no trouble there, we will fail to discover the predisposing cause in numerous chronic cases, and when we fail to find the cause we cannot remove it, and hence fail to cure the disease. Owing to this fact not being well understood, thousands of invalids are suffering to-day, and taking medicine week after week, paying hundreds of dollars without receiving any material benefit. Hundreds of these poor suffering mortals find temporary relief in the use of opium or strong drink, and soon contract the habit of their use. When we fully understand the great sympathetic nervous system and its functions and diseases, we can go right for the prime cause, and its removal places nature in condition to cure the disease.

He submitted to an operation, went to sleep during a bad attack of asthma, awoke from the anesthetic without it and has never had it since. He recovered from the operation in two weeks and has improved ever since. He has gained thirty-six pounds, has never missed a meal or a night's sleep. The entire form and gait have changed, hands and feet are warm, and he is a well man and a successful practicing physician to-day.

Brooklyn, N. Y.

---

## NITROGLYCERIN.

BY P. NILSSON, M. D.

Nitroglycerin is a colorless, odorless, oily liquid. It is a powerful poison, as well as a violent explosive and consequently must be handled with extreme care. Its maximum adult dose is gr. 1-50; the usual dose being gr. 1-100. Even in the latter dose it will sometimes cause headache and dizziness with throbbing of the arteries and a feeling of suffocation.

On the other hand, two of my cases, one of melancholia, the other of pernicious anemia assured me that they experienced a feeling of chilliness from the same doses of the remedy.

Nitroglycerin has a special action on unstriated muscular fibre, relieving spasmodic contraction and promoting normal activity. It produces an immediate increase in the rapidity of the pulse, but this soon diminishes while the volume of the pulse is increased. Large doses relax the heart and blood vessels completely and overdoses cause vasomotor paralysis with arrest of the heart in diastole. On account of its action on the blood vessels it is indicated in the following conditions: Arterio sclerosis, cardiac spasm, palpitation with pallor (this due to contraction of the peripheral capillaries), chills, numbness and cramps in the extremities, etc.

In interstitial nephritis it serves a two-fold purpose by relieving the heart and dilating the renal vessels. In chronic Parenchymatous nephritis it increases the amount of urine voided while decreasing and perhaps temporarily removing the albumen. It is a most reliable remedy in shock and collapse, unless this has been caused by exhausting hemorrhages, when strychnine ought to take its place.

It has been recommended in vomiting from any cause except that due to pregnancy. When used for this purpose, the state of the circulation should first be noted. Many cases of migraine and painful dysmenorrhœa have derived prompt benefit from this remedy. Nitroglycerin works wonders in some cases of melancholia, probably by increasing the cerebral circulation and relieving passive congestion. In engorgement of the lungs it will relieve the right heart and enable the patient to take a full breath. In pneumonia a prominent indication for it is a frontal headache with sense of constriction, very frequently present. Many cases of asthma, whether bronchial or of

cardiac or renal origin will respond promptly to the drug. One patient of mine affected with asthma and chronic parenchymatous nephritis was kept on the remedy almost constantly for over two years with nothing but good effect. It may be used as a palliative in advanced phthisis but in these cases it has to be given in increasing doses and soon loses its effect. Pruritus in old people and the nervous unrest accompanying it are relieved by its use.

Nitroglycerin is my most efficient aid in the lying in chamber. There are very few cases of delivery in which it will not do some good and these patients seem to have an extraordinary tolerance for the drug. The short nagging, ineffective pains, such a torture to the women and serving only to make her more nervous, will soon be replaced by powerful, long, effective ones; the cervix relaxes and labor goes on smoothly and speedily. The woman is apt to feel chilly after the work is done and another dose of nitroglycerin will serve to make her comfortable. I have given it in 1-100 grain doses every 20 minutes in some cases without any outward effects.

Another thing, by aiding in the emptying of the uterine vessels we insure proper retraction and thus obviate any danger of hemorrhage. During the last two years I have not given a single drop of ergot after confinement and have had less after-pains than before. Ellingwood recommends it in post-partum hemorrhage. In hemorrhage after miscarriage it is valueless.

New York City.

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We hope the members of the State Society are giving serious thought to the preparation of papers for the meeting in April. President Dart writes us that the prospects are fine for a large and enthusiastic gathering.

## SIGNS OF DISEASE AND THE IMMEDIATE REMEDY.

W. J. KRAUSI, M. D.

In presenting for your consideration the following signs or symptoms of disease and the remedies for the same, I do not wish to convey any other idea than that the symptoms as given, only point to the possible pathological condition existing, and the remedy as giving immediate relief; allowing time for a fuller investigation as to the exact pathological state present. And further, that the administration of the remedy, as given, will give relief, without prejudice either to the character of the disease or the welfare of the patient. I also wish to mention that other morbid states than those mentioned, may simulate the signs or symptoms given, but these conditions or diseases are of rare occurrence.

I would also draw attention to the fact that at no time in the history of the practice of medicine has it been so essential for the practitioner to be thoroughly capable of making a clear-cut positive diagnosis as at present. The day of empiricism or guess-work is past. The average layman, particularly the American, is too well educated to long tolerate an empiricist. Also, there never was a time in the practice of medicine when so large fees could be gotten for services, as at present, particularly is this true in the practice of specialties.

An up-to-date practical practitioner should have the main diagnostic symptoms of every disease at his fingers' ends. He should be able to trace those early and minute changes which constitute disease, and the causes which give them origin.

In the signs or symptoms given as diagnostic or indicative of a certain pathological condition present, I have endeavored to include only those diseases which are difficult of immediate diagnosis. The remedies suggested may not be the best

for the relief of the symptoms prescribed for, but in my experience they have given the quickest results of any of the remedies in my armamentarium.

An aversion to fat or fatty foods is indicative of a strumous diathesis.

REMEDY.

R.

Specific Podophyl. M. xv.

Water  $\frac{5}{8}$  iv.

Sig.:  $\frac{5}{8}$  t. i. d.

Outdoor life and gymnastics.

Manifest great intolerance or absolute repugnance to fat, is indicative of a tubercular diathesis or actual tuberculosis.

REMEDY.

R.

Specific Verbascum Thaps.

Sig.:  $\frac{5}{8}$  every 4 hours in water.

Outdoor mountain life. Gomenol internally; or, hypodermically, creosotal.

Putrescent odor to the sputa is a positive indication excluding abscess, of bronchiectasis.

REMEDY.

R.

Ol. Eucalyptus.

Sig.: Gtts. V, t. i. d. on powdered sugar.

Best rye whiskey,  $\frac{5}{8}$  every 2 hours in water. Mountain life.

A node with pain on pressure on the sternum, clavicle or ribs, in the absence of sthenic febrile symptoms, is indicative of syphilitic periostitis.

REMEDY.

R.

Sodium Iodide  $\mathfrak{D}$  xii.

Syr. Trifolium Co.  $\frac{5}{8}$  iv.

M. Tere bene.

Sig.:  $\frac{5}{8}$  every 4 hours in water.

Pain in the neck accompanied by pain in the district of one or the other of the divisions of the brachial plexus is indicative of neuralgia.



## REMEDY.

R.

Specific Rhus.

Specific Gelsemium aa M. xv.

Water  $\bar{5}$  iv.Sig.:  $\bar{5}$ i every 15 minutes.

A heavy pressure at the base of the skull with no febrile symptoms, is indicative of severe anemia or sclerosis of the meninges of the brain or cord.

## REMEDY.

R.

Specific Bryonia M. x.

Water  $\bar{5}$  iv.Sig.:  $\bar{5}$ i every hour.

R.

Tr. Ferri Chlor.

Sig.: M. x in water t. i. d. after meals.

R.

Liq. Pot. Arsenitis.

Sig.: M. ii every 4 hours in water.

Pain or tenderness of any of the vertebral spines is a symptom of anemia or nervous exhaustion (there being little or no pain in the spine in diseases of the cord, unless the spine is "twisted").

## REMEDY.

R.

Specific Nucis Vom. M. x.

Water  $\bar{5}$  iv.Sig.:  $\bar{5}$ i every hour.

R.

Tr. Ferri Chlor.  $\bar{5}$ i.

Sig.: M. x. t. i. d. in water after meals.

In commencing caries of the vertebræ there will be pain on pressure with periodic "stinging" pain in part and increased in stooping or lifting weights.

## REMEDY.

R.

Calci Phosphas Precipitatus.  $\bar{9}$  ii.

Calci Sulphidium Grs. iii.

Sacch. Lact. q. s.

M. Ft. Chart. No. xx.

Sig.: One every 3 hours in water.

Pain of an encircling or band-like character about the chest or abdomen, with a "bloated" feeling with sensory changes below the "band," is indicative of myelitis or sclerosis of the cord.

## REMEDY.

R.

Ext. Fl. Ergot (Squibbs).

Sig.:  $\bar{5}$ i every 4 hours in water.

If the cause is syphilitic give:

R.

Sodium Iodide.

Sig.: Grs. xx in water every 4 hours.

Periodic sharp, lightning-like pains darting through the legs, particularly during the night, without sthenic febrile manifestations, are indicative of the possible beginning of locomotor ataxia, or may indicate some form of spinal irritation.

## REMEDY.

R.

Specific Viburnum Pruni.

Sig.: M. x. every 3 hours in water.

R.

Liq. Pot. Arsen.

Sig.: M. v. in water t. i. d.

If cause is syphilitic give:

R.

Sodii Iod.  $\bar{9}$  xv.Tr. Iodini (colorless)  $\bar{5}$ ii.Glycerine  $\bar{5}$ i.Water  $\bar{5}$ iv.

M.

Sig.:  $\bar{5}$ i t. i. d. in water.

Pain in the heart when rheumatism in any form is present, indicates peri or endocarditis.

## REMEDY.

R.

Specific Asclepius Tub.

Sig.: M. x. in water every hour.

A sudden, sharp pain in the heart just under the mamma without radiation, with no febrile symptoms present, pulse feeble and irregular, is indicative of intrinsic cardiac or coronary congestion.

## REMEDY.

R.

Specific Apocyn. Can. M. xv.

Water  $\bar{5}$ iv.Sig.:  $\bar{5}$ i every hour.

Sharp pain in the heart during, or when suffering from contagious disease, is indicative of septic endocarditis.

## REMEDY.

R.

Specific Verat. Vir. M. xv.

Water  $\bar{5}$ iv.Sig.:  $\bar{5}$ i every hour.

Best Rye whiskey Gtts. xxx in water every 2 hours.

Sharp pain in the heart and radiating to and down the left arm and a sense of suffocation, is indicative of neuralgia of the heart or angina pectoris.

## REMEDY.

R.

Specific Cact. grand.

Sig.: M. v. in water every half hour.

R.

Tr. Ferri Chlor.  $\bar{5}$ i.Water  $\bar{5}$ iv.Sig.:  $\bar{5}$ i t. i. d.

Breaking a pearl of amyl nitrite in a handkerchief to inhale.

An hydropic swelling of the eyelids or under ball of eye, excluding local causes, is indicative of acute kidney congestion or an acute manifestation of a chronic nephritis.

## REMEDY.

R.

Specific Apocyn. Can. M. x.

Specific Belladonna M. v.

Water  $\bar{5}$ iv.Sig.:  $\bar{5}$ i every half hour.

An hydropic bilateral swelling of the feet, when manifested periodically, is indicative of abnormal heart circulation or heart lesion.

## REMEDY.

R.

Specific Lycopus Virg.

Sig.: M. v. in water every 3 hours.

A nodular inflammation or ulceration of the testicle, unless there has been a previous orchitis or hydrocele, is, nine times out of ten, tubercular, and when tubercular is, in 75 per cent. of cases, of primary origin.

## REMEDY.

R.

Sodii Iod.  $\bar{9}$  vi.Tr. Iodini (colorless)  $\bar{5}$ iv.Glycerine  $\bar{5}$ iv.Water  $\bar{5}$ ii.

M.

Sig.: M. x to xx in water every 4 hours.

Also give:

R.

Specific Iris Ver.  $\bar{5}$ ii.

Specific Podophyl. M. xv.

M.

Sig.: M. xx. t. i. d. in water before meals.

A circinate ulcer with slightly elevated edges and indurated base, immaterial as to color or other characters, when on the glans penis is always a Hunterian chancre. When upon the foreskin, frenum or body of the glans, is, nine times out of ten, a Hunterian chancre.

## REMEDY.

R.

Sodii Iod.  $\bar{5}$ viii.Tr. Iodini (colorless)  $\bar{5}$ vi.Glycerine  $\bar{5}$ i.Water  $\bar{5}$ iii.

M.

Sig.: M. xx to xxx t. i. d. before meals, in water.

Also:

Mercurial inunctions.

Pain of a needly "stinging" character, radiating from the ureters to the glans penis, more perceptible in the penis, is in-



dicative of renal or ureteral disease, or calculi.

## REMEDY.

R.

Specific Asclepias Tub.  $\mathfrak{J}$ ii.  
Specific Gelsemium M. xxx.

M.

Sig.:  $\mathfrak{J}$ ss every half hour in hot water.

---

Pain at the beginning of urination indicates urethral disease.

Spasmodic pain at the end of urination indicates bladder disease or disease of the third lobe of the prostate.

A dull pain in the rectum or perineum during urination indicates prostatic changes.

A feeling of weight of the entire genitals during urination, or at other times, is indicative of vesiculitis.

## REMEDY.

R.

Specific Epigæa Rep.  
Sig.:  $\mathfrak{J}$ ss every 2 hours in hot water.

---

Hemorrhage at the beginning of urination is of prostatic origin or anterior to same; if during the latter part of urination it is of bladder origin. If hemorrhage appears at the latter part of urination with a dull compressor pain in ureters, kidney or kidneys, with a faint-like feeling it is indicative of ureteral or renal origin.

## REMEDY.

R.

Specific Lycopus Virg.  
Specific Chimaphila Umbellata aa  $\mathfrak{J}$ i.

M.

Sig.:  $\mathfrak{J}$ i every half hour in water.

---

A distinctive aortic pulsation felt about 3 or 4 inches above the umbilicus, excluding aneurism, is indicative of hepatic, splenic or renal congestion, usually hepatic.

## REMEDY.

R.

Specific Leptandra  $\mathfrak{J}$ i.  
Specific Iris Ver.  $\mathfrak{J}$ iv.  
Specific Hydrastis  $\mathfrak{J}$ ii.

M.

Sig.: M. xx every 2 hours in water.

---

Pain at point or below spine of ensiform cartilage is indicative of pyloric irritation of the stomach, duodenal congestion or imperfect elimination of bile.

## REMEDY.

R.

Specific Podophyl. M. x.  
Water  $\mathfrak{J}$ iv.

M.

Sig.:  $\mathfrak{J}$ i every three hours.

---

Pain radiating from ensiform cartilage upward, ending in the throat with a "raw" feeling back of the sternum, indicates asophagitis.

## REMEDY.

R.

Specific Hydrastis.  
Sig.: M ii in water every hour.

---

Paroxysmal pain radiating from the ensiform cartilage over the pit of the stomach and to the dorsal spine, indicates cardialgia.

## REMEDY.

R.

Specific Nucis Vom. M. xv.  
Specific Ipecac M. iv.  
Specific Podophyl M. v.  
Water  $\mathfrak{J}$ iv.

M.

Sig.:  $\mathfrak{J}$ i every hour.

---

Pain in the right hypochondriac region with no or slight febrile manifestations, with tenderness on pressure of the edge of the right lobe of the liver, and radiating downward, is indicative of hepatic or duodenal congestion or torpor.

## REMEDY.

℞.

Specific Juglans M. xxx.  
 Specific Phytolacca M. xv.  
 Water ℥iv.

M.

Sig. : 5i every hour.

---

"Sore" and at times "tearing" pain in the right hypochondriac region, with a "pointed" feeling about the ninth costal cartilage, pains radiating upward, indicates obstructive congestion or calculi in the hepatic or cystic ducts or gall bladder.

## REMEDY.

℞.

Specific Pruni Virg. ℥i.  
 Specific Lobelia 5i.  
 Aquæ q. s. ad. ℥iii.

M.

Sig. : 5i every hour in water till emesis.

---

Pain at the pyloric end of the stomach, if intermittent in character, indicates passive hyperemia. If accompanied by vomiting and sharp or "sore" pains, indicates gastric ulcer.

## REMEDY.

℞.

Neutralizing Cordial.  
 Sig. : M. xx every hour in water.

---

If the vomit is only "coffee grounds" or mixed with food and of alkaline reaction, it indicates cancer of the stomach.

## REMEDY.

℞.

Ext. Flu Condurango. (P. D. & Co.).  
 Sig. : 5ss in hot water every 3 hours.  
 And the knife and X-Ray.

---

Vomiting without change in chemical character of vomit indicates that the cause is reflex.

## REMEDY.

℞.

Ingluvin ʒ iii.  
 Pulv. Ipecac Grs.ii.  
 Pancreatin ʒ iss.  
 Pulv. Gum Arabic ʒ i.  
 M. Div. Chart. No. xv.

Sig. : One every 2 hours upon the tongue.

For the vomiting of pregnancy, freshly made popcorn *ad libitum* before rising.

---

Pain or headache localized over the lower part of mastoid bone, radiating inward and upward, accompanied by dizziness or staggering gait, is indicative of middle ear disease, usually ulceration.

## REMEDY.

℞.

Hydrogen Dioxide 5ii.  
 Water 5i.

M.

Sig. : M. xx into ear.

Operate; puncture drum of ear.

---

Headache with feeling of constriction, restlessness, great sensitiveness to bright lights and loud noises, wakefulness, bright eyes, is indicative of active hyperemia of the brain.

## REMEDY.

℞.

Specific Gelsemium M. x.  
 Water ℥iv.

M.

Sig. : 5i every 10 minutes.

---

Headache with inclination to sleep, patient apathetic and indifferent, loss of memory, does not care to think, is indicative of anemia of the brain.

## REMEDY.

℞.

Specific Belladonna M. v.  
 Specific Rhus Tox. M. x.  
 Water ℥iv.

M.

Sig. : 5i every half hour.

Frontal headache, over orbital ridge, is indicative of congestive inflammation, usually caused by rhinitis, retinitis or lachrymal inflammation.

REMEDY.

R.

Specific Verat. Vir.

Specific Rhus Tox. aa M. x.

Water  $\tilde{\text{iv}}$ .

M.

Sig.:  $\tilde{\text{vi}}$  every half hour.

Coronary headache of "burning" character indicates, in the female, uterine congestion, in the male, genital irritation.

REMEDY.

R.

Specific Pulsatilla M. xv.

Specific Passiflora Inc.  $\tilde{\text{iii}}$ .

Water  $\tilde{\text{iv}}$ .

M.

Sig.:  $\tilde{\text{vi}}$  every hour.

Headache, sharp supraorbital pain radiating upward from left orbit, with burning in eyes, a feeling of malaise, is indicative of systemic infection.

REMEDY.

R.

Specific Rhus Tox. M. xv.

Water  $\tilde{\text{iv}}$ .

M.

Sig.:  $\tilde{\text{vi}}$  every hour.

Headache, orbital or supraorbital, radiating to right side of head, is indicative of systemic disturbance of intrinsic origin, connective tissue inflammation.

REMEDY.

R.

Specific Bryonia M. xv.

Water  $\tilde{\text{iv}}$ .

M.

Sig.:  $\tilde{\text{vi}}$  every half hour.

Brooklyn, New York.

## CELL-CHEMISM.

BY MAX MEYER, M. D.

The most obscure point in biology is undoubtedly the "ageing" of the animal and vegetable organism—becoming old.

The cell in old age is apparently the same as when young but close observation will reveal some difference. A young cell absorbs, assimilates and develops continuously whereas an old one ceases to perform this function, it atrophies and its life is extinguished.

The general explanations given for this phenomenon are: That the cells exhaust themselves and become unfit for further assimilation, hence retrograde changes set in which lead to death. Even if we would accept this theory, the question springs up at once: What processes cause this exhaustion? The study of the living old animal or vegetable cell will help some. It is also said that old tissues calcify or degenerate, hence they will become inactive. But this is true only of a very small percentage of cells, because most of them do not undergo any change, although it cannot be denied that they will discontinue to live. Why is it that some cells calcify or degenerate? In order to answer this question correctly we must cast an analytical look upon the chemism of the cell.

We know that a great number of elements exist on earth and throughout the universe in the free state, they are either active or passive. To the former belongs oxygen, to the latter nitrogen, and it is an established fact that the more inert an element is in the free state, the more active it becomes in its combinations. This we see most decidedly in nitrogen—the most inert of all elements which, when in the nascent state, is very inactive but becomes the most active and powerful substance in its compounds.

Chemists could not find for this part a feasible explanation and physiologists have tried to explain it, for oxygen, by

saying that an atom of inactive oxygen is supposed to be single, and one of active oxygen (ozone) triple, the latter one condensed to one molecule. But this cannot be true owing to the fact that oxygen as well as all other elements are most active in the nascent state, hence oxygen must be in first place single and becomes condensed or inactive later. If this is correct, then the active and passive state of the elements is easily explained. It is well known that every element possesses in the nascent state the maximum of its energy which makes it fit to unite with other elements to form chemical compounds. Even when an element is isolated in the nascent state it does not remain inactive but tends to combine with some of its own atoms thereby forming crystal-like (condensed) molecules and in doing so heat is set free, and the element now becomes inactive. This condition we find in the atmospheric oxygen which is inactive and to which we must add that amount of energy to make it active again, which was lost during crystallization. This can be effected by the electric spark, by the action of the red blood corpuscles or by some other means.

In the analysis of water we must add to the inactive elements H and O as much energy by means of heat or electricity as they have lost during their previous union. The now separated elements being in the nascent state and therefore active, soon condense and in a very short time they become inactive again and we might mix them without fearing that they will unite.

We therefore can express the aforesaid thus:

(I) *Any element in the nascent state and isolated cannot remain passive for a moment but must unite either with other elements or crystallize in itself, thereby setting free its inherent energy as heat, light or electricity, hence it must become inactive.*

(II) *Any isolated element is crystallized (condensed) and therefore inactive, and in order to render it active, the same amount of energy must be added which it has lost by passing from the nascent state into the condensed condition.*

All elements do not possess the same amount of energy, viz., hydrogen has less energy than oxygen and the gases less than the metals. This energy is termed affinity and in chemistry we speak of H as having one, oxygen as having two affinities, to combine with other elements. It is evident that the more active an element is the more it has affinities in the nascent state and should it not meet with another element in this condition it must become the more condensed in itself. We have a good example in N., C., etc., which have used up their energy with such a zeal that they have become the most inert substances in existence and therefore we must add an enormous amount of energy to them—if we want to make them again active. (We must add that which they have lost.) Some elements lose totally their energy at the first meeting with other elements and remain inactive afterwards. These compounds belong to the inorganic group generally, as for example, H and O form water, Na and Cl unite to NaCl and we cannot recognize in the new compound any of its components, their activity is lost, they will remain in this inactive condition to eternity because they gave up in the first moment of their union all of the energy, so that the new compound became perfectly completed or in other words: *A compound which once has been perfected must remain in this condition and cannot condense nor disband on its own account.* Upon the affinity of the elements of inorganic compounds depends the strength of the combination and whenever there is little affinity between them the new compound will be feeble and gradually breaks up, losing its chemical and physical character. If the affinity is stronger the



new formed compound appears to be feeble at first and becomes complete in time. Sodium silicate (waterglass) is an example of the latter class. This compound when first formed is semi-liquid and after years passes into a perfect crystallization.

Very distinctly we see the above stated characteristics in the carbon compounds—the so-called organic compounds. With the exception of the two lowest carbon combinations CO and CO<sub>2</sub> all other compounds unite very slowly and are not complete in the first moment of union. The more elements enter into combination with C and the more C atoms are contained in the union the slower the new compound will form and the more incoherent it will be in the first moment. In chemistry we have saturated, non-saturated and over-saturated compounds. The former are generally inactive as NaCl, H<sub>2</sub>O, Na<sub>2</sub>SO<sub>4</sub>, etc., because all affinities have been completely satisfied hence there can be no further attraction.

In the non-saturated compounds activity is the rule, they possess satisfied and non-satisfied affinities and the latter must remain active with the same energy as their number indicates. In the over-saturated compounds we have forced the affinities to greater energy and they hold a surplus which must be set free either by the addition of a suitable element or by its own inherited force.

The compound, so overburdened, possesses the energy of an element in the nascent state and acts with that amount of force which it was obliged to take up. (Hydrogen peroxide, potassium permanganate, nitroglycerine, etc.). If in a non-saturated compound 10 affinities are open and in another one 2 only, naturally the former possesses more affinity than the latter, but nevertheless the two affinities cannot remain inactive, consequently they must unite with other elements or with their own atoms.

*This process in which the elements of a compound by virtue of their free affinity do not come to rest is termed LIFE which is a battle without cessation between the free*

*and satisfied affinities of a non-saturated chemical compound.* This leads us to the logical deduction that we must find the most life in an unsaturated compound which has the greatest number of polyvalent inert elements.

To the latter group belongs N and C in first place, and therefore in their unsaturated highest complicated compounds must exist the most life.

A number of elements possess positive, other negative and again others both positive and negative affinities.

In our diagram we have illustrated the elements thus:

H=monovalent and positive.

O=bivalent and negative.

Cl=monovalent and negative.

C=tetravalent, positive and negative.

N=heptavalent, positive and negative.

In order to show clearly the affinities we supposed that each bond has a positive and a negative point of attraction—like a magnet—which are kept together in themselves by their inherent chemism—like magnet bars are adhering together.

We have also represented the graphic formula by a figure whose sides represent the number of bonds.

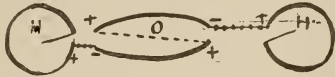
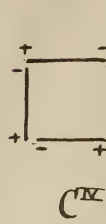
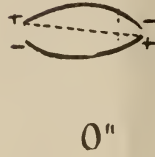
Furthermore we have supposed that H is like a bar wound upon itself whose negative end has been covered by the positive like a spiral, leaving free the positive point of attraction.

In Cl we have the reversed condition.

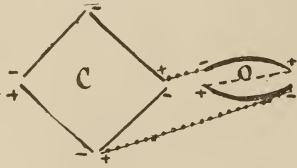
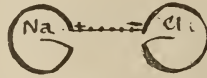
Oxygen we sketched like a wedgestone in which the two positive sides overlap each other leaving free the two negative points of attraction. C is drawn like a square, the positive sides are attached to the negative ones.

In N we see a seven sided figure.

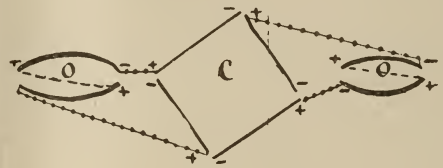
We can recognize at once by the number and character of the free affinities the greater or lesser activity of a compound, and it is immaterial whether the grouping, shape and form of the atoms is perfectly



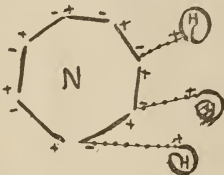
Water - Saturated compound - all Bonds satisfied. - NaCl Sodium chloride  
~ 3 Atoms - ~ 2 Atoms -



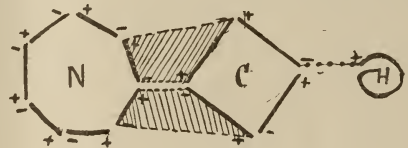
Carbon monoxide 4+, 2+ = 6 open affinities  
~ 2 Atoms -



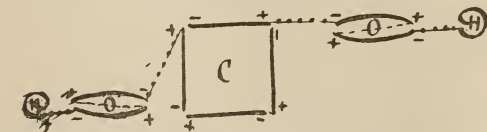
Carbon dioxide 4- open affinities  
~ 3 Atoms -



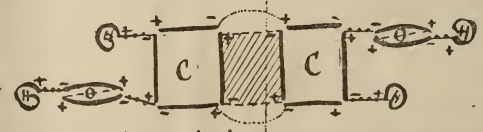
Ammonia 7+, 4- = 11 open affinities  
~ 4 Atoms -



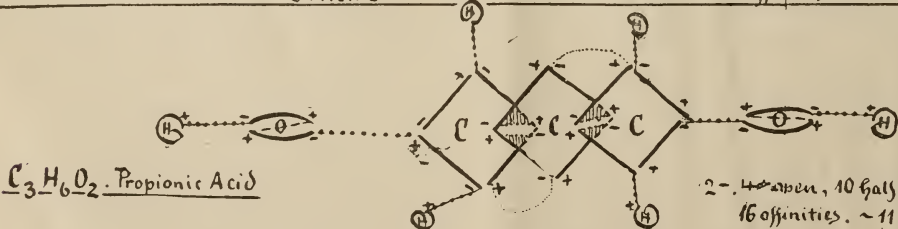
Prussic Acid. 6+, 6- open, 8 half open =  
20 affinities ~ 3 Atoms -



Formic Acid 4-, 2+ = 6 open affinities  
~ 5 Atoms -



Acetic Acid 4+, 1- open, 8 half open =  
10 affinities. ~ 8 Atoms -



Propionic Acid

2-, 4- open, 10 half open  
16 affinities. ~ 11 Atoms

correct, if only our supposition is true and therefore that which we want to demonstrate becomes plausible.

In  $H_2O$  and  $NaCl$  we see saturated affinities and therefore perfect inactivity.

The next two compounds represent  $CO$  and  $CO_2$ . We notice that  $CO$  has in two atoms six open affinities namely four negative and two positive, whereas we see in  $CO_2$ , consisting of three atoms, only four bonds, which are all negative, therefore  $CO$  must have more activity than  $CO_2$ , because the former has more free affinities, more energy than the latter.

The next figures illustrated ammonia and prussic acid and we see that  $NH_3$ , consisting of four atoms has eleven open affinities and must be, therefore, an active compound, but if we compare it with  $HCN$  we notice in three atoms twelve open and eight half open affinities, hence this compound, which not alone consists of two of the most inert elements but which has such a great number of active affinities, must be one of the most energetic of all chemical compounds.

The next figures show a formic acid and acetic acid molecule. The former possesses in five atoms six open affinities, consequently, formic acid must have more activity towards substances external to the molecule, while in acetic acid, activity exists within its molecule. In propionic acid we see in eleven atoms six open and ten half open affinities, which has within its interior a still higher activity than acetic acid but acts towards the external side very feeble. The half open affinities are represented by a line of points, the margin between is shaded.

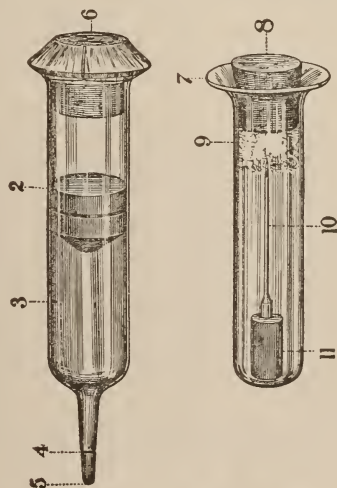
(To be continued.)

The psychological depression and neuralgias, so common in the period following a debauch, are lessened, or disappear altogether, by the use of celerina.—*Medical Times*.

## A NEW DEVICE FOR THE FURNISHING OF ANTITOXINS AND CURATIVE SERA.

An improvement in the package in which antitoxin and the various curative sera are furnished, has been introduced by the H. K. Mulford Company, Philadelphia, by which the antitoxin is furnished in the barrel of an aseptic glass syringe, hermetically sealed.

The advantage of this container is immediately apparent to the profession, since



it not only presents each dose of antitoxin in a perfectly aseptic syringe, but prevents the possibility of infection in administering antitoxin through an imperfectly sterilized syringe, and, furthermore, it obviates any uncertainty in the working of the ordinary syringes.

The cut describes the style of the package containing the serum. The barrel of the syringe contains the Antitoxin. In using, the physician breaks the sealed tube at point (4), by placing the thumb and the first finger of the right hand immediately over the etched



line and pressing the finger and thumb slightly together, a little more pressure being exerted towards the end than towards the barrel of the syringe. The needle is then taken from the sterile glass plunger, and the rubber tubing (11) applied with a slight rotary movement over the fractured end of the syringe. The cap and parafined cork (6) is then removed from the glass barrel of the syringe and the plunger used as indicated in the illustration.

The plug (2) not only serves to retain the serum in the barrel of syringe, but also serves as a washer, and the plunger (7) is pressed against it to expel the antitoxin.

This package has an especial advantage, in that the serum never comes in even momentary contact with the outside air, and the needle, plunger and syringe are all thoroughly sterilized, ensuring an aseptic injection. With this device it is not possible to inject air into the patient, and contamination of the serum is impossible.

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## THERAPEUTICS.

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Edited by  
JOHN W. FYFE, M. D.

All articles for this department should be sent to Dr. J. W. FYFE, Saugatuck, Ct.

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### CACTUS.

In heart diseases *Cactus Grandiflorus* is a true specific. No other remedy more fully or more clearly illustrates the teachings of modern Eclectic therapeutics. It is a remedy of great power and extended usefulness. In diseases of the heart, whether functional or organic, I know of no remedy which can take its place.

Cactus exerts a direct influence over the

sympathetic system, regulating its action, and when perverted, restoring it to normal activity. It acts directly upon the cardiac plexus, improving the nutrition and functional action of the heart, and permanently strengthening its muscular tissue.

In functional diseases of the heart the terrible fear of sudden death which frequently occupies the sufferer's mind is promptly removed by the judicious employment of Cactus. In the treatment of so-called "nervous women" it is also of great usefulness. It tunes up their weak hearts, and in this way removes many of their most distressing troubles. In the treatment of old people it is of the greatest value. No remedy can do more to sustain their old weakened hearts. Through its power to remove waste and promote nutrition it will cure many cases of structural diseases of the heart. In neurasthenia, especially when there is a sensation of a band, or a cord, or a constriction, around the body, or head, or chest, Cactus is an efficient remedy. It is also an indicated medicament in the oppressive headache in the top of the head which frequently afflicts ladies at the menapausis.

In the treatment of diseases of the brain Cactus is a remedy of value, as it improves the nutrition of the brain by improving and regulating its circulation.

The action of Cactus is very prompt, a few doses many times giving great relief from distressing palpitation, dyspnoea and fluttering pulse.

Some of the most prominent symptoms calling for the exhibition of Cactus are as follows: Irregular action of the heart; uneasy sensations in the region of the heart; intermittent pulse; sensation as if a band was tightly bound around the chest or head; shortness of breath on slight exertion; fear of impending danger.

I usually prescribe this remedy as follows; *R* Specific Cactus Grand., gtt. v to  $\mathfrak{z}$ i, water  $\mathfrak{z}$ iv; teaspoonful every hour to every three hours,



## ERYNGIUM.

This remedy is worthy of far more study than it has heretofore received. It is a valuable diuretic, and a good remedy in many renal disorders, especially in gravel and chronic nephritis. The principal indications for eryngium, however, will be found in abnormal conditions of the bladder and urethra, and it is here a very efficient remedy, both in acute and chronic diseases, especially when they are accompanied by burning and itching.

It lessens irritation of the reproductive organs of both the male and the female, and is frequently indicated in gleet, gonorrhoea and leucorrhoea.

The following are among the indications calling for eryngium: Frequent desire to urinate; burning sensation, or burning pain in the urethra or bladder; pain in the bladder extending to the loins; catarrh of the bladder; scanty urine; painful micturition; uterine irritation accompanying uneasiness of the bladder.

Eryngium may be successfully prescribed as follows:  $\mathcal{R}$  Specific Eryngium, gtt x to xxx, water  $\mathfrak{z}$ iv; teaspoonful every hour to every three hours.

## POISONING.

(Continued from page 352.)

## ATROPA BELLADONNA.

One drachm of the extract of Belladonna has caused death in two hours and three-quarters.

*Diagnosis.*—In poisoning by Belladonna or its alkaloid (Atropine) there is dryness of the mouth and throat, with thirst which nothing allays, nausea, vomiting, extensive dilatation of the pupils, indistinct and feeble vision, giddiness, palpitation of the heart, physical and mental depression, perversion of the sense of taste, and delirium, followed by stupor. These symptoms may set in within from half an hour to three or four hours of the time of swallowing the poison. Sometimes the face is red and swollen, and

there is a scarlatinal rash upon the skin, and there is a disposition to laugh and talk wildly, with a rapid flow of ideas. There is frequently a desire without the ability to pass water. Muscular twitchings, especially of the legs, are not unusual, and great difficulty in walking has been observed. The patient may die in convulsions.

*Treatment.*—Stimulant emetics, castor oil and animal charcoal are approved remedies. Opium is believed to act as a physiological antidote, but good authorities state that it is not to be relied upon, though it may be found useful.

## BARIUM.

The acetate, chloride and nitrate of barium have proved fatal on several occasions. They act as irritant poisons.

*Diagnosis.*—In poisoning by the salts of barium there are cramps and convulsions. Loss of voice is a marked symptom. In most cases consciousness is not impaired.

*Treatment.*—The sulphate of soda or the sulphate of magnesia should be given as soon as possible. They convert the poison into an insoluble sulphate of baryta. The stomach should be evacuated with emetics or the stomach pump. Free vomiting should be obtained, and emollient drinks given and liberally.

## BISMUTH, NITRATE OF.

A dose of two drachms of the Nitrate of Bismuth has caused death in nine days.

*Diagnosis.*—In poisoning by this agent there is pain in the stomach and bowels, purging with straining, discharges sometimes tinged with blood, feeble and irregular pulse, cold skin, and the general symptoms of a powerful irritant. The symptoms are probably caused by some impurity in the substance. Arsenic is frequently present as an impurity.

*Treatment.*—There is no known antidote to this poison. Treatment is in accordance with symptoms.

## CAMPHOR.

Camphor sometimes causes alarming symptoms, and it has even destroyed life.

*Diagnosis.*—In less than drachm doses Camphor causes giddiness, difficulty in walking, dimness of sight, difficulty in breathing, delirium and insensibility.

*Treatment.*—The stomach should be at once thoroughly evacuated by means of quickly acting emetics, or the stomach pump. In case the effects are not very severe recovery will take place after a time.

## CANTHARIDES—SPANISH FLIES.

This poison has been frequently used by evil minded and ignorant persons for the purpose of exciting sexual desire, it being believed by them that the females to whom it was administered would become so possessed by sexual desire as to be unable to resist their solicitations. This has, perhaps, been the most frequent cause of poisoning by cantharides. Ignorant persons have also used it with the hope of inducing abortion.

*Diagnosis.*—Taken in poisonous doses, Cantharides causes an acrid taste in the mouth, vomiting, purging, burning heat in the stomach, pain in the loins, severe strangury, bloody urine and priapism. These symptoms are followed by faintness, giddiness, rigid limbs and delirium, with convulsions preceding death.

*Treatment.*—Vomiting should be excited or encouraged, and linseed tea and gruel given freely, and the case otherwise treated in accordance with the symptoms and specific indications for remedies. There is no known antidote.

## CHLORAL HYDRATE.

Thirty grains of chloral hydrate have caused death, but much larger doses have been taken without any apparent injurious effects. It is, therefore, impossible to tell the amount of the drug required to cause death. It should be used with great caution.

*Diagnosis.*—In poisoning by this substance there is excitement with delirium, followed by profound unconsciousness, stertorous breathing, gradually becoming more feeble; lividity and pulselessness.

*Treatment.*—The stomach should be evacuated as soon as possible, and for this purpose emetics of mustard and other stimulating substances, or the stomach pump may be used. Ammonia must not be used. Artificial respiration must be persistently kept up for hours if necessary.

## CHLOROFORM AND ETHER.

The effects of the inhalation of Chloroform are similar to the effects of the inhalation of Ether. The vapor of thirty drops of chloroform has caused death, and one drachm taken internally has proved fatal.

*Diagnosis.*—The symptoms produced by chloroform, beginning with them after the stage of moderate anaesthesia has been reached, are stertorous breathing, dilated pupils and embarrassed respiration. When the drug is swallowed the effects are the same as from inhalation, except that a fatal result is longer deferred. Death may come either from a stoppage of the heart, or from paralysis of the respiratory centre, and it may occur suddenly or gradually. Usually breathing is interfered with in consequence of dropping back of the tongue or epiglottis.

*Treatment.*—The patient should be immediately placed in a current of pure air, and the tongue drawn out, or the lower jaw kept well forward (which is to the same effect). When pried open the mouth should be kept so by a gag, and the finger introduced and hooked around the epiglottis, so as to draw it forward. Dashing cold water on the chest and tickling the nose are measures of importance in the treatment. Draw the arms strongly upward and then bring them down and press them forcibly on

the chest, the head meanwhile being the lowest point of the patient's body. The chest may also be alternately strongly compressed and then suddenly relaxed. These forms of artificial respiration should be perseveringly kept up. The application of electricity to the phrenic nerves by means of broad flat electrodes pressed against the neck on each side of the larynx is by many authors deemed a measure of importance. Hypodermic injections of strychnine, and stimulants, inhalation of nitrite of amyl, and cutaneous irritation are also advised. Prompt tracheotomy is advocated by good authorities. In stoppage of the heart the chest should be repeatedly struck over the cardiac region. In cases where chloroform or ether has been swallowed the stomach pump should be promptly used.

(To be continued.)

### VARICOSE ULCERS

In an article on the treatment of varicose ulcers, in the *Hahnemannian Monthly*, Dr. Pritchard says:

"I have had some trouble in treating such ulcers, but I have thought out a scheme of treating them which, though it has nothing original in it, yet it has a feature which might be worthy of attention. Hamamelis is and has been praised as a general and local remedy in such states by members of all schools. In treating these cases one will be struck with the inactivity of the usual antiseptic solutions in cleansing varicose ulcers. In fact, they do not do it. The glue-like, tenacious secretion sticks to and covers the ulcers like a coat of varnish, hindering any remedy acting locally. For this reason I have ordered the ulcers to be washed with a solution of soda in water; for example, a teaspoonful to a pint of boiled rain water. Then I have found useful an ointment made by rubbing up about a drachm of the dry extract of witch-hazel with an

ounce of vaseline. This is applied to the ulcer in a fairly thick layer. Over this is laid a small, flat and soft sponge, such as children use in school for their slates. This is moistened in any convenient antiseptic solution. The soda solution softens and disintegrates the tough secretions of the ulcer; the witch-hazel ointment acts as a very useful local remedy, almost specifically, it seems to me; and the sponge serves to take up the excess of the fluid oozing from the surface of the ulcer instead of allowing it to stagnate amongst the granulations, rendering them feeble and lifeless. It also acts as a serviceable local irritant, whose action is by no means to be overlooked. If the ulcer be irritable, the sponge may be left off until the hamamelis unguent has rendered the ulcer tolerant of pressure. Over the whole, naturally, a bandage, preferably of cotton flannel, is applied.

As I first said, there is not much new in this method, except in the way in which it is carried out. The ointment of hamamelis is certainly a very useful local application in varicose ulcers, and, at the same time, the tincture of the same drug may be administered internally. The soda solution has been found by me much superior as a detergent to the ordinary antiseptic solutions, which run over the varnish-like coating of the ulcer and leave it unaffected. The sponge soaks up the excessive oozing secretions, preserves the granulations from stagnation and maceration, and at the time acts as a local stimulant.

By these measures I have succeeded in healing a number of obstinate and sluggish varicose ulcers which had made the bearers miserable, and me, before I knew of this method, to wonder how I could ever cause them to heal."

In the nervous condition of children, causing them to cry out in a frightened manner while asleep, *rhus toxicodendron* is said to be the remedy.—*Medical Times*.



### "THE AUTOMANIAC."

The automobile has doubtless come to remain, and, properly used, can be made a source of great pleasure and health, to say nothing of its practical possibilities. As used, however, all too frequently, it is a source of much danger to the public as well as a cause of profanity.

There seems to be need of a term to designate these new terrors of our streets, those speed crazed paranoiacs who are now doing so much to bring the automobile into disrepute. Various terms are loosely applied, but a new compound would be desirable. The word "automaniac," suggested by *"The Horseless Age,"* seems quite appropriate, and is in harmony with several well known words of Greek derivation already rooted in the language as descriptive of victims of diseased and abnormal appetite (dipsomaniac, kleptomaniac) and conveys a strong and true picture of the mental state of the worst of these offenders against law and decency.

Why not adopt the name "automania" for the disease, and the automaniac to designate the person afflicted by it?—*Mass. Medical Journal.*

In an article on the education of medical students, the editor of the *Georgia Eclectic Medical Journal* pertinently remarks:

"It is to us a twentieth century mystery when a professor in an Eclectic college recommends to *new* students Allopathic books on *Materia Medica* and *Practice*. Away with such heresy! When shall the Eclectic student learn Eclectic medicine? When shall he become 'rooted and grounded' in his faith, that he may 'stand steadfast, unmoveable, *always* abounding in the work whereunto he had set his face!' Where shall he learn the undeniable principles upon which our school of medicine is founded and upon which she has arisen to the heights she now occupies,

commanding the respect of the medical world at large? Where shall he become impregnated with the doctrines whereby we have made our fight to present success and by which we shall win our final victory?

Where indeed but in Eclectic colleges with Eclectic professors who teach Eclectic medicines and from Eclectic books?"

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### COLLINSONIA CANADENSIS.

*Common Name.*—Stone Root.

*Natural Order.*—Labiatae.

*Part Used.*—The root.

*Description.*—This plant has a stem from two to four feet in height, and a knobby root. Its leaves are thin and large. It flowers from July to September. The whole plant has a lemon-like odor.

*Doses.*—Fluid extract, thirty to sixty drops; specific medicine, 1 to 60 drops.

*Usual Prescription.*—℞. *Collinsonia*, gtt. v. to x, Water, ℥iv. M. Sig. Dose one teaspoonful every hour to every three hours.

*Indications.*—Irritation, with a sense of constriction in the larynx; oppression, with tightness in the epigastrium; painful constriction in the rectum; hemorrhoids, with a constriction of the sphincter, and a sense of a foreign body in the rectum; functional diseases of the heart; chronic laryngitis; cough arising from excessive use of the voice, and the cough caused by diseases of the heart; catarrhal conditions of the respiratory mucous membranes; catarrhal conditions of the genito-urinary organs; spasmodic conditions of the stomach and intestines; hemorrhoids in the pregnant female.

*Collinsonia* is one of our most frequently indicated remedies. Minister's sore throat, heart diseases, diseases of the kidneys, chronic gastritis, diarrhoea and dysentery are among the most common abnormal conditions calling for its exhibition.

*Collinsonia Canadensis* is tonic, stimulent.



astringent, diaphoretic, diuretic and alterative. In very large doses it is irritant and emetic.

The foregoing article is taken from the "Essentials of Modern Materia Medica and Therapeutics," published by the Scudder Brothers Co., Cincinnati, Ohio.

One of my most sprightly and entertaining monthly visitors is the *Medical Gleaner*. But then, with such editors as Drs Bloyer and Cooper how could the *Gleaner* be otherwise than one of the best journals published? The former is one of our most lucid and forcible writers, and the latter—well—in the words of the Bowery, "when it comes to usin' de Merican langwedge, Cooper can trot Noah Webster a heat and lose him in a walk."

It is said that muriatic acid painted over the sciatic notch daily until it blisters will cure sciatica, and a recent writer gives his experience in its employment as follows:

"Not having anything better to try, I used it on the first case that presented, and it cured it. I have used it on several other cases, and as it cured them also I conclude that it is the best treatment I have ever tried, and recommend our friends to try it and let us know the results. Don't be afraid of it, but use it until it blisters. And a good sized one too! No theories at present!"

The student who wishes to stand ninety-five in Materia Medica and Therapeutics at the spring examinations can easily do so for a reasonable amount of study of "Fyfe's Essentials" will enable any student, regardless of school, to stand from ninety-five to one hundred. The work was written for just that purpose. The first edition will not be large. Those wishing the book should, therefore, send in their orders early. Orders can be sent to or left at the Eclectic College office, 239 East 14th street, New York city. See advertisement on another page.

Truly, doctor, you ought to keep posted on what is going on "away down South." Those Southern Eclectics are decidedly energetic and progressive. Send one dollar to the *Georgia Eclectic Medical Journal*, 340 Edgewood avenue, Atlanta, Ga., and it will do the trick for a whole year. The *Journal* is edited by Dr. Florence Tippet Duvall, and that means that you will get a great deal more than your money's worth.

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### SOCIETY CALENDAR.

National Eclectic Medical Association. Meets at Indianapolis, on June 9th to 11th, 1903. J. D. McCann, M. D., president; Finley Ellingwood, M. D., secretary.

Eclectic Medical Society of the State of New York. Meets at Albany, April 9th and 10th, 1903. W. S. Dart, M. D., president; S. A. Hardy, M. D., secretary.

Eclectic Medical Society of the City and County of New York. Meets third Thursday in each month at 239 East 14th street. A. W. Herzog, M. D., president; W. L. Heeve, M. D., secretary.

Kings County Eclectic Medical Society. Meets third Monday in each month; Nov. meeting at the office of Dr. M. B. Pearlstien, 309 Hewes street, Brooklyn. A. L. Palmitier, M. D., president; M. B. Pearlstien, M. D., secretary.

New York Specific Medication Club. Meets second Thursday in each month at 239 East 14th street. V. Sillo, M. D., secretary.

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### BOSTON DISTRICT ECLECTIC MEDICAL SOCIETY.

Boston, December 16, 1902.

The regular meeting of the Boston District Eclectic Medical Society was held this evening at "The Thorndike."

After the transaction of the regular routine business, the essayist of the evening—Dr. A. Waldo Forbush—was called upon who speaks as follows upon Jamaica dogwood.

"JAMAICA DOGWOOD."

(*Piscidia Piscipula* (Lin.) Sarg.)

*Part Employed*.—The bark of the root.

*Natural Order*.—Leguminosæ.

*Habitat*.—West Indies.

It is not my purpose to give the origin and botanical character, except to say that it is a tree growing fifteen to twenty

feet in height. The leaves are shed early in the year. The part used—bark of the root—should be collected in the spring and from young trees.

Several constituents have been separated of a resinous and oily nature. The active principle is the resinoid—Piscidin—which is insoluble in water, slightly in ether and alcohol, and quite soluble in benzol and chloroform. It is believed that for therapeutic use the union of constituents should not be broken. The drug has a decided "opium smell" and for a dishonest purpose in trade I believe substitution of opium preparations are made for Piscidia.

So far as known Dr. Basham of Jamaica, in 1794 was the first party to call attention to the drug as a remedy. The general introduction to the American profession in the year 1878, was made by Messrs. Parke, Davis & Co. Thanks should be extended for their kindly interest in the drug at, and since that time.

*Physiological Action.*—From the effect which takes place in the healthy human body—from toxic doses—artificial, morbid, or diseased conditions present themselves. We may happily avail ourselves of the influence of piscidia for the relief of such morbid conditions.

In toxic doses we will find the drug narcotic to the extreme. It is narcotic to both animal and man. It does not affect the motor nerves to any great extent, or the peripheral ends of the sensory nerves. It produces a tetanoid condition by its stimulant action on the spinal cord. It dilates the pupil. This dilation becomes contraction upon the supervention of asphyxia. It reduces the frequency of the pulse; increases generally to a considerable degree the secretion of the skin—it is a salivator. Arterial tension is increased by stimulation of the vaso-motor centers. This increase is followed, in ratio, by weakening of the heart muscle.

The toxic effects on the system are

rapid, as in a case of hemicrania where a large dose was given. The effect on the whole system was made manifest in about 20 minutes. Spasms supervened and continued for an hour or more; a paralysis of the diaphragm was quite decided, with difficulty of breathing which continued for some six hours. It is evident from this case that in piscidia we have a drug capable of producing death by arrest of the respiratory process.

In our comparative study we find a number of drugs that are closely related by symptoms to Jamaica Dogwood. Compared with morphia—like it, it procures sleep, unlike it we have dilation of the pupil. The action of opium and piscidia, while similar are not identical. Opium is much more apt to produce headache, nausea, and after disagreeable symptoms. In opium poisoning the pupils and eyes are contracted and dull while from piscidia they are dilated and staring.

In comparing piscidia with chloral it is observed that piscidia has no special dangerous action on the heart like that of chloral, and is without the energetic action of the chloral upon respiratory organs. In fact the paralyzing influence of chloral is not to be classed with the influence of piscidia.

Compared with atropia, piscidia, unlike atropia, does not paralyze the motor nerves; it does not arrest skin secretion nor paralyze the pneumogastrics, and does not, to any great extent, increase the arterial tension. Piscidia dilates the pupil not unlike atropia.

Compared with strychnia, piscidia has a greater influence on the cerebrum and less on the spinal cord. In strychnia poisoning, we have a clearness of intellect to the end. With piscidia an early stage of stupor. After death by strychnia the heart is empty and contracted. In death from Jamaica Dogwood the heart will be found dilated, soft and empty.

Belladonna effects the system some-

what like piscidia, but belladonna is much more pernicious, presenting acute mania, delirium and tetanus, the same as strychnia and other drugs of like character.

Belladonna will antidote poisoning by opium or its separated parts, while piscidia will counteract the effects of long continued use of any form of opium. Belladonna produces dryness of the skin while piscidia generally produces profuse skin secretion, both acting through the same nerve centers.

A comparison might be made with gelsemium, bromides, hyoscyamus, scutellaria, and other drugs, but I have taken enough to show the comparative value and study.

In therapeutic value piscidia will be found a very useful and powerful drug of positive value with a limited field of action. In the old classification the drug would be named as anodyne and hypnotic.

The action of the drug on the nervous system is most remarkable. While not unlike the influence of hyoscyamus, bromide, etc., it is more reliable and prompt. It acts so well in nervous excitement that I use it as I would gelsemium, bromide and hyoscyamus under their drug indications and am quite pleased with results. Its field for results will be found in nervous insomnia. Neuralgia, or "algias" in any form are benefited by this remedy, and it should be used in general nerve conditions with confidence; more particularly in those cases where the intolerance of other anodyne or hypnotic drugs are manifest.

Piscidia does not produce cerebral hyperæmia as the different preparations of opium are known to do. To my mind it will prove a general nerve tonic, unlike most remedies of its class. In medicinal dosage it will not leave a sting following its use.

In the use of drugs of its class a good

plan to follow—if moderate indicated dosage of any nerve remedy is ineffectual, or its influence waning—is to add a moderate dose of some other of the group of nerve remedies, than to greatly increase the dose of any one remedy.

In the fashionable pain—"neuralgia"—or any subnormal neuroses, a favorite combination is the following:

Spec. Tinct. Gelsemium gtts. xx.

Flu. Ext. Piscidia ʒij to ʒi.

Tinct. Capsicum gtts. vi.

Glycerine ʒss.

Elix. Simplex q. s. ad ʒij.

S. one teaspoonful every hour or two till relieved with a little quinia to overcome any periodicity that may be present.

Or the following R̄.

Sodo Brom ʒj.

Flu. Ext. Piscidia ʒss. to ʒj.

Ess. Gauth. ʒij.

Syr. Tolu q. s. ad ʒij.

S. teaspoonful every hour at time of paroxysms until relief is secured.

In the intense neuralgic pain in the paralytic—so frequently brought to our attention—piscidia will prove a friend indeed.

It is not always an easy matter to decide on the cause of a cough and therefore at times it is a difficult condition to even relieve. The ordinary practitioner, especially during the winter and spring, meets with a great many coughs, the cause of which he cannot fathom. He calls it an irritated cough—the cause of the irritation is a mystery. Among the remedies for this class of trying cases we find piscidia piscipula, and it has proved certainly a valuable addition to our materia medica for just such complaints.

In chronic bronchial cough, inveterate, long standing and irritating, piscidia is of great service. I would suggest some combination with Yerba Santa. Perhaps



R.

Flu. Ext. Yerba Santa ʒss. to ʒj.

Flu. Ext. Piscidia ʒj.

Tinct. Oil Anise ʒij.

Syr. Tolu q. s. a. d. ʒiv.

S. one teaspoonful every 1, 2 or 3 hours till relieved, then three or four times a day.

In advanced cases of phthisis piscidia will be found prompt to promote rest and sleep. It will greatly control and alleviate the cough, and in many cases the night sweats will be controlled to a marked degree.

Asthmatic conditions particularly of the more acute or recent symptoms with or without asthmatic family history will be benefited by the use of this drug.

Piscidia can be regarded as the best type of a remedy for relieving irritation of the air passages with cough, difficult breathing, etc. Unlike other remedies employed for this purpose its beneficial action is not obtained at the expense of depressing the heart or nervous system, and with little or no disturbance of the gastro-intestinal organs.

A combination with quebracho and grindelia robusta will rarely disappoint. The following case may serve as an example. Mr. B, age 30, lawyer, contracted a severe cold followed by a harassing bronchial cough with spasms of dyspnoea. Family history of asthma on the male side for generations but no history of appearance before the fifteenth year but then persisting until about the age of fifty. This case presented sleeplessness, dyspnoea of extreme character, inability to lie down, nervous condition most sensitive. All the usual remedies were tried and failed. I then gave fifteen drop doses of piscidia every hour until the more acute symptoms improved, when I gave the following combination

R.

Flu. Ext. Piscidia Piscipula ʒj.

Flu. Ext. Grindelia Robusta ʒss.

Syr. Pruni Virg. q. s. ad ʒiij.

M. S. teaspoonful every 2 or 3 hours.

He improved remarkably fast and was not obliged to put his head out of the window to get his breath as he previously had done, when the attack came on. He was ultimately cured and has not had an attack for some five years.

*Pertussis.* There is not a disease condition in which the treatment of the present day is more unsatisfactory than that of whooping cough. Piscidia, says Dr. Alexander, I prescribe with as much confidence in whooping cough as I do quinia in malarial affections. It controls the reflex irritation of the branches of the pneumogastric nerve which produce the spasms.

Report of two cases, aged 5 and 7 years, girl and boy. The little girl's case was unusually severe being complicated with persistent gastric disturbances, constipation and pernicious debility. Boy's case was much milder but the spasms of cough was severe enough to produce vomiting. I gave piscidia single handed in five drop doses with syr. tolu or glycerine every 2 or 3 hours, increasing the dose to 25 drops in one child and 35 drops in the other; the larger dose every 3 hours. It did in a measure control the cough and spasms. Observation convinced me that single handed I could not depend on the drug for expected relief. I then made a combination that, to my mind, is a sovereign one for this condition.

R.

Flu. Ext. Piscidia ʒij to ʒj.

Flu. Ext. Thymus Serpyllus ʒv to ʒj.

Flu. Ext. Castanea Vesca ʒv to ʒj.

Syr. Tolu or Glycerine q. s. a. d. ʒiv.

M. S. Teaspoonful for child 3 to 6 years every 2 or 3 hours.

This formula I have used for some years with excellent results.

Piscidia is useful in protracted labor as a means of giving the patient rest and comfort during the intervals between pains. Cinicifuga as a companion will help regu-



late the pains, sustain the strength and promote easy labor.

In the distressing stage of cirrhotic Bright's disease, piscidia will calm, secure sleep, relieve nerve tension, with no apparent ill effect following and does not lose power from continual use; in fact it has nearly all the good properties of opium and none of the bad.

For the pain of carious teeth locally, together with internal use, this drug will not only relieve pain but also the nervous strain.

In gastro-enteralgia, when the usual remedies fail, I would give piscidia for a considerable period and expect pleasing results.

In chronic alcoholism or delirium tremens piscidia will prove its worth. Try the following prescription.

R.

Flu. Ext. Piscidia 5v to 5j.

Flu. Ext. Erythoxylon Coca 5iv.

Flu. Ext. Celery 5ij.

Tinct. Capsicum gtt. xxx.

Hoffman's anodyne q. s. a. d. 5ij.

M. S. One or two teaspoonfuls every hour or two until sleep is secured; afterwards one teaspoonful every 3 or 4 hours till the nervous system resumes its normal condition.

In dysmenorrhœa without structural change with distress at the menstrual periods much can be said in praise of piscidia as a utero-ovarian sedative and anodyne. The "liquor sedans" is a happy combination of black haw, golden seal, Jamaica dogwood and aromatics. A trial will convince.

In hysteria, irrespective of particular symptoms, and in primary delusional insanity with sleeplessness—a difficult symptom to control with the ordinary drugs without some bad after effect—piscidia comes to our aid with good results. When we have wakefulness in consequence of great mental strain, anxiety, bodily fatigue, or nervous condition at the menopause, piscidia will work like a charm and without any of the objections which attach to opiates generally.

In case of thoracic pain in the female due

to nervous debility and excessive lactation piscidia will be found useful especially when an idiosyncrasy exists regarding the ordinary narcotics.

Piscidia will be found useful in rheumatism, particularly the articular variety.

In sciatica you receive the same general good result that you get in the "algias." This is illustrated by the following case. Mr. P—age 61, an old war veteran, a poorly nourished subject with the history of frequent attacks of sciatica which had completely exhausted him. He had used many remedies to alleviate his suffering but received no benefit from anything used except while under the influence of morphine. This invariably left him with a distended stomach, great nausea, and retching. I improved the opportunity to try the value of piscidia and prescribed as follows:

R.

Flu. Sxt. Piscidia 5j.

Flu. Ext. Cimicifuga 5ij.

Tinct. Colchicum sem 5j.

Llyod's white Hydrastis, q. s. a. d. 5ij.

M. S. Teaspoonful every hour or two till relieved.

The next morning I found the patient resting quietly, free from pain. He had passed his first comfortable night in several weeks, and this without any local applications. The medicine was continued as the pain required relief. Since commencing this treatment the attacks have been less frequent, and, if not cured, he has obtained relief which other agents failed to give. I have treated many cases in the same manner with favorable results.

In hemorrhoids, and other rectal conditions, piscidia topically—alone, or in combination with hamamelis or any indicated remedy—as a lotion or a cerate will be found of much value.

A useful formula is:

R.

Solid Ext. Hamamelis 5j.

Flu. Ext. Piscidia 5ij.

Lanolin 5v.

Ung. Hydrarg nit. 3ss.

M. S. Use ad lib.

Piscidia is a specific in parasitical skin conditions, when used alone or in combination with other indicated remedies. It can be used either as a lotion or a cerate. I would recommend lanolin in preference to any other base. In those forms of skin diseases which are complicated with pain, itching etc., piscidia will produce good results.

In fact the more we use and the more we study the drug the more confident we are that we have not thoroughly exhausted its beneficial results in the treatment of disease.

#### DISCUSSION.

Dr. Howes said he had not used the remedy at all but what he had heard this evening regarding it would lead him to test it as occasion offered.

Dr. Ross has used the liquor sedans quite a little with good success.

Dr. Allen had always kept the liquor sedans on hand and made extensive use of the preparation.

Dr. Perrins thought the essayist had so completely covered the ground that there was very little left for any one else to say.

Dr. Ross asked if piscidia would not be a good base to take the place of the coal tar products.

Dr. Forbush replied, most certainly in selected cases.

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### ECLECTIC MEDICAL SOCIETY OF THE CITY AND COUNTY OF NEW YORK.

New York, Dec. 18, 1902.

The regular monthly meeting of the Eclectic Medical Society of the city and county of New York was called to order at the College Parlors, with Pres. Herzog in the chair.

Twenty-five members responded to the roll call.

Dr. Nilsson presented a case of Hemoglobinuria, which the members examined

with interest and a thorough discussion followed.

Dr. Boskowitz moved that letters of condolence be mailed to the families of the late Dr. Larew of Mendham, N. J., and Dr. O. Newcomb, of 237 E. 12th street, New York, and that the secretary be so instructed. Carried.

The essayist for the evening was Dr. W. J. Krausi, whose paper was entitled Signs of Diseases and their Immediate Remedy. It was discussed by Drs. Hyde, Heeve, Boskowitz, Herzog, Brandenburg, Schultz and Gunning.

A vote of thanks was extended to Dr. Krausi.

Dr. Bernstein announced that the ball of the Beachonian Dispensary would take place on Jan. 15, 1903.

The Society then proceeded to the election of officers and the following were chosen for the ensuing year:

DR. A. W. HERZOG, President.

DR. F. L. MORHARD, Vice-President.

DR. W. L. HEEVE, Secretary.

DR. T. W. THOMPSON, Treasurer.

DR. HYDE,

DR. SCAISON,

DR. BIRKENHAUER,

DR. ARVINE,

DR. BRANDENBURG,

Board of Censors.

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### KINGS COUNTY ECLECTIC MEDICAL SOCIETY.

The annual meeting of the Kings County Eclectic Medical Society will be held at the office of Dr. M. B. Pearlstien, 309 Hewes st., cor. Harrison ave., on Monday evening, Jan. 19th, at 8.30 o'clock.

Every member of the Kings County is requested to be present and elect their officers for the ensuing year. Interesting papers and discussions will be presented, and it is the desire of the society to have the most interesting meeting of the year.

The members of the New York County

are cordially invited to attend this meeting.

A. L. PALMITIER, M. D.

President.

M. B. PEARLSTIEN, M. D.

Secretary.

## NEW YORK SPECIFIC MEDICATION CLUB.

The regular monthly meeting of the New York Specific Medication Club was held in the College parlors Dec. 11th.—Dr. F. Morhard presiding.

After the reading and adoption of the minutes of the previous meeting the Society decided to substitute the Macy book cases in place of those decided upon the previous month.

Dr. Pearlstien was the essayist of the evening and read a paper entitled "Specific Treatment of Uterine Disease."

This was followed by an interesting discussion, Drs. Herzog, Birkenhauer, Gunning, Thompson and Lloyd each speaking interestingly on the subject.

Dr. Thompson reported a peculiarly interesting case, and Dr. Birkenhauer was elected chairman of the next meeting.

V. SILLO,

Secretary.

## QUERY DEPARTMENT.

Conducted by  
PITTS EDWIN HOWES, M. D.  
Boston, Mass.

All communications for this department should be addressed to PITTS EDWIN HOWES, M. D., 703 Washington Street, Dorchester District, Boston, Mass., and must be received by the 28th of the month in order to be answered in the next number of the REVIEW.

In commencing the second year as editor of the above department I desire to extend my hearty thanks to all those who have, by their questions, contributed to the making of its success. I also wish to express my pleasure and gratitude for the many complimentary references which I have received. I shall strive in the year to come to make

the department more worthy of your help and consideration. In order that it may increase its usefulness and become of more practical benefit to the readers of the REVIEW, during the coming year there will be published cases of interest with their treatment. Each reader of this notice is requested to send to the editor a description of any interesting cases which may come to their attention, together with the treatment used. The interchange of thought thus established cannot help but prove advantageous.

C. R. L.—Does specific medication teach the use of a single remedy?

Some of those teaching the Practice of Medicine in our Eclectic Colleges to-day are inclined to adopt the above view. But as I remember the teachings of Prof. John M. Scudder—the originator of specific medication—it was not the method he advocated and taught. In all departures from health there are a variety of causes. One of these causes is the prime, or first cause, and the others are secondary or dependent upon it. Could we always depend upon ourselves, to absolutely determine which was the prime and which the secondary cause, we might be able to remove disease by the administration of the single remedy.

The safest method, and that advocated by Prof. Scudder, was the combination or alternation of the indicated remedies, and under the existing status of medical knowledge the most rational and successful mode to adopt.

D. A. P.—Can you give me any advice as to the best method of drying up the milk when it is not wise for the mother to nurse her child?

For quite a number of years I have made use of the following method and it has proven successful. I add one drachm of tinct. belladonna to an ounce of sweet oil and have the nurse rub the breasts thoroughly with this application three or four times a day. I also add 10 to 20 drops of



tinct. belladonna to 4 ounces of water and have the patient take a teaspoonful every hour. This gradually dries up the secretion without causing any disturbance.

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## SELECTIONS.

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### IODIDE OF AMMONIUM.

The tingling sensations in the arms and fingers experienced by middle-aged people on waking, especially after falling asleep in the day time, is supposed to be due to a rheumatic taint; anyway the iodide of ammonium is a valuable remedy in this condition, given in doses of three grains or more every four hours.—*Med. Summary.*

---

### PICRIC ACID IN TREATMENT OF GONORRHEA.

H. de Brun, in *Rev. Gen. de Clinique de Ther.*, recommends injections of picric acid in the strength of 1 to 200 solution. He states that the injections in this strength are practically painless, and when used in strength of 1 to 100 they may cause pain, but the injections are never intolerable. He states that these injections should be given two or three times daily, and retained each time for about three minutes. If much pain is produced by these injections they may be reduced to one a day. A cure of acute gonorrhea is produced, according to his statement, in from four to five days. The discharge changes to a much clearer color and loses its purulence after the first injection. He also recommends it as a very efficient agent in the treatment of chronic gonorrhea.

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Remember phytolacca decandra in the treatment of orchitis, and assist with an occasional dose of acetate of potassium to assist in general elimination.—*Medical Times.*

### COD-LIVER OIL.

When cod-liver oil is needed, here is something to think about. If your stomach is strong enough to digest the ordinary cod-liver oils and emulsions that are put upon the market, it isn't medicine you need; it is simply work. You are able to saw wood.—*The New Idea.*

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Kuhn states that deep injections of anti-pyrin, at a point midway between the great trochanter and the tuberosity of the ischium, will relieve the pain of sciatica.—*Medical Times.*

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### DIGESTIVE POWER OF THE JUICES OF SMALL INTESTINES.

From the study of the intestinal fluid escaping through a fistula, resulting from a jejunostomy, Simon and Zerner, of Karlsbad *St. Louis Medical Review*, found that proteids are digested in the upper more alkaline part of the intestine, and starches in the lower less alkaline portion. A decrease of alkalinity, as in carcinoma, diabetes or gastrectasis, leads to defective digestion of proteids. A hyperalkaline secretion, on the other hand, is unfavorable to the proper digestion of the starches.

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The annual report of Adjutant-General Corbin, to be made public shortly, contains a strong recommendation for the reestablishment of the army canteen. Special attention is called to the reports of general officers of the army showing the effect of the present system on the health and morals of the soldiers. These reports all indicate an increased number of desertions, and more men were tried for drunkenness in the absence of the canteen than when it was in existence. Believing that the evil of drunkenness can be lessened by the sale of beer and light wines in the post exchange, General Corbin urges the reestablishment of the canteen.—*Sun.*



# THE ECLECTIC REVIEW.

EDITOR: G. W. BOSKOWITZ, M. D.

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### OUR DUTY AS ECLECTICS.

Elsewhere in this issue of the REVIEW may be found the call for our State Society meeting.

May the members of this society feel the responsibility that rests upon them and do something to add to the success of this meeting.

This is an age of advancement in all scientific work, and if the Eclectic system of medicine is brought to that high standard that its founders hoped it might attain, we must put our combined strength in the work, and as a unit work for the building of more commodious institutions and the success of our State and national societies.

Let us put all ordinary excuses aside and be present at each session of this April meeting, bringing with us an essay on some subject pertaining to the medical profession, or an interesting case in practice for the consideration of those in attendance, either of which will add much to the usefulness of the meeting.

A society cannot exist without the support of its members, hence I urge upon each member the necessity of doing their part of this work.

W. S. DART, M. D.

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### SUBSCRIBE NOW.

In our January issue, for the convenience of subscribers we inserted a subscription blank in our advertising pages. Many took advantage of it and we thank them for their promptness. Others were too busy to give it attention last month, possibly they were sending out a few bills themselves. In this number will also be found the subscription blank, and we ask those who have not already subscribed to show their interest in the cause generally, and the REVIEW especially by filling it out and enclosing their dollar.

### E. EDWIN SPENCER, M. D.

Dr. E. Edwin Spencer, whose death occurred suddenly at his residence in Cambridge, Mass., Jan. 19, 1903, was born in North Kingston, R. I., in 1833.

His zeal for knowledge led him to fit himself—overcoming all obstacles—for the examinations at East Greenwich Academy, from which institution he graduated with honor.

He held medical diplomas from Cincinnati Eclectic Medical College and Worcester Medical College, graduating from the latter in 1859. Dr. C. Edwin Miles, of Boston Highlands, was a member of this graduating class.

Dr. Spencer located at Winchendon, Mass., in 1860, remaining there until 1873 when he removed to Cambridge, Mass., to assume the practice of Dr. W. E. Wright, who had recently died.

His life in Cambridge was filled with honor. Shortly after coming to the city, he was appointed city physician, which position he retained until elected on the Board of Health in 1891. He was chosen chairman of the Board in 1894, and held that position at his death.

He has been closely identified with the Eclectics of Massachusetts ever since his graduation.

Dr. Spencer was a charter member of the State Society, and has received all the honors that the body could bestow. For the past nineteen years, he has been treasurer of the Society.

In all things he strove, preeminently, for the Eclectic idea, and he has left a vacancy that cannot be filled. His memory will be lovingly cherished by those who knew him at all intimately.

The funeral was held Friday, Jan. 23rd, and was attended by the Mayor and leading officials of Cambridge, representatives of the medical societies to which he belonged, and a large number of personal friends.



A daughter survives him, who has the sympathy of a host of persons, who knew the father and the tender-hearted, sympathizing physician. P. E. H.

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### JOHN ALLARD JEANCON, M. D.

John Allard Jeancon, M. D., was born in Cambray, France, April 28th, 1831, and died in Newport, Kentucky, Jan. 13, 1903.

From 1874 until the time of his death he was one of the prominent teachers of the Eclectic Medical Institute.

Prof. Jeancon was an exceptional scholar, did much original physiological work, and spake and wrote fluently several tongues. His large atlases, with text—"Pathological Anatomy" and "Diseases of the Sexual Organs"—are magnificent works of recognized merit by all schools of practice. He also published a folding manikin of the body. The doctor was also a voluminous contributor to various domestic and foreign journals upon medical and scientific topics.

Dr. Jeancon was married in 1855 to Mathilda M. Lemcke. He had five children; one son, Dr. Charles Jeancon, is now a practicing physician in Newport. Miss Etta C. Jeancon, daughter of Dr. Charles Jeancon, is now a student in the Eclectic Med. Institute.

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### SOUTH SIDE VILLA.

BY JOHN URI LLOYD.

(Home for Invalids, Thomasville, Ga.)

We of the North, in these unceasing winter months, come to long for a ray of warm sunshine, a bath of fresh sweet temperate air. This we crave even we be well and strong. To the invalid of these frozen lands, whether he be shut up in his hot-house, furnace heated air, contaminated with gas and foulness, or be alternately shivering and perspiring in the ever changeful temperature of a grate or stove as the fire runs up and

down, this indescribable longing for a touch of the out-door, a breath of sun warm air, is intensely pathetic. Every physician has, during the winter season, a patient or patients in just these conditions amply able to pay the expense of a trip to the South, able also to pay for medicine and treatment. But not every physician knows just where to commend the patient in confidence that the medical treatment may not be so cruel and heroic as to harm the patient more than can be counteracted by nature's blessings.

With a view of suggesting a location that may serve some of my readers, I write this article of my own volition, without the knowledge of the parties concerned. Should I be one desirous of finding, especially for a lady or child, a quiet, home-like Southern location, either in the spring or fall (probably in the very cold months the weather here is also chilly), not too far South, a location where the balm of the pine tinctures the warm breezes, where walks and drives abound, where the physician in charge has my confidence, I should think of the home-like institution that heads this article.

The physician in charge, Miss Lena R. Whitford, M. D., is the daughter of Dr. H. P. Whitford, of Bridgewater, N. Y., has earned from me this confidence as a physician by application to her studies and in her subsequent attention to the professional side of life. She has heired continued confidence by reason of my regard and respect for her aged father, one of the physicians of the Eclectic school of the olden time. She believes in kindly medication, she will neither torture nor crush the life out of a frail creature needing strength and life, she will give to your patient the comprehensive care that one in need of genial sunshine, warmth, life and vitality needs. This I say because I believe it proper and just to say it, because I believe this article may serve some physician seeking just such a

chance for an invalid who longs and needs a restful change such as might come in this home-like dwelling "Down among the Pines." This I reiterate, I say of my own free will because, while many such locations are open, not often do we find a place where, as I see medicine, heroic medication is not a factor to be apprehended if not feared. I say it, too, without the knowledge of any person concerned.

### X-RAYS.

BY WM. L. HEEVE, M. D.

Read at the Meeting of the Eclectic Medical Society, City and County of New York.

Ever since Prof. Roentgen gave us his wonderful discovery, during the early months of 1896, we have endeavored to perfect a systematic method of radiography and fluoroscopy, but still our labor in a great part is empirical. Day by day improvements are being made in apparatus and tubes, and in the future we can expect to be more rational in our technique.

*What are the X-Rays?* The general opinion seems to be, that the x-rays are electrical vibrations of unascertained wave length, they are a modification of the electric-light waves. In the Crook's tube, the electric current as it discharges from the cathode, meets a break in a sufficiently high vacuum acting as a resistance, the bombarding stream jumps this gap and strikes the target—or anode electrode—under high strain with tremendous pressure, the low cathode rays are now converted into the high x-rays.

### TUBES.

There is still an open field for a perfect tube, one in which its vacuum can be regulated at will and capable of retaining its degree of penetration throughout its entire life. The "Queens Self-Regulating" tube meets the requirements fairly well, but there is no self-regulating tube at present that can be actuated with the static, giving perfect satisfaction. An automatically controlled

vacuum tube to be operated by a static will be a blessing.

Tubes may be divided into three groups: low, medium and high, the terms having relation to their degree of vacuum. A *low* tube meaning one in which the violet cathode rays can be seen passing from cathode to anode and showing the bones of the hand black upon the screen with no marked contrast, in a *medium* tube no violet cathode rays can be seen, and it shows the bones of the hand gray in color upon the screen, a *high* tube, meaning one that is not readily excited and sometimes requires heating before it will allow the bombarding stream to pass, and will show the bones of the hand as light-gray shadows.

We have several methods of reducing the vacuum of a tube when it has become too high: (1) Placing a chemical in the tube which will generate a small portion of gas upon heating. (2) Reverse the normal polarities and allow the current to pass in this state about ten to fifteen minutes. (3) Re-exhaust the tube. (4) Allow the tube to rest a few months. (5) Baking the tube in an oven about thirty to sixty minutes. The fifth is by far the best method.

In the selection of tube, one must first outline its field of usage, so that we may have as near a perfect result as possible and the selected tube should be employed only in its proper field of work. In using a tube for fluoroscopic work the operator should use a low tube, having an anode electrode of thick metal, as with this tube we wish to use it low and perhaps at the same sitting, very high. No tube with a very thin anode will stand the enormous current when spark gap and condensers are in series.

The degree of vacuum greatly affects the quality of the penetrating properties of the x-ray. The higher the vacuum the less the number of free molecules of residual gas, the greater the penetration; the lower the vacuum, the greater the number of molecules, the less the penetration the finer the contrasting densities. In making a radiograph of the hand a low tube is to be pre-

ferred, as it will bring out the tendons and muscles, in pelvic radiographs a medium tube with intensifying screens give best results. A relatively high tube should be used for radiographs of the skull or foreign bodies in the eye. In radiographic work a tube showing the part dark or faintly on the screen should be selected.

#### SPARK GAPS.

With a static machine we are in a position to regulate the degree of penetration of a low tube by means of a spark-gap. The Waite or Monell spark-gap seems to prove practical, but the noisy sparks and the wavy path never pleased me enough to accept them as being perfect.

After experimenting with the multiple ball spark-gaps used with coils, I present one of my own design which has been very successful in my works with the static. It consists of a number of brass balls placed one-eighth inch to one-sixteenth inch apart upon a hard rubber rod, having a sliding brass rod passing through each ball allowing me to take as many balls in series as required to obtain the proper degree of penetration. The spark-gap being encased in a glass tube of sufficient width, acting as a muffler, gives little noise and makes a most pleasant addition to our machine. By attaching a silk cord to the sliding rod and carrying same through brass eyelets on an extended arm from the top of the machine and connected with a handle at the opposite end of the cord, places within a few inches of our tube a ready means of regulating penetration.

#### FLUOROSCOPY.

Edison took advantage of the hint given by Prof. Roentgen and devised the fluoroscope. It consists of a screen of platino-cyanide of barium, which the rays make luminous to the eye, enclosed in a triangular box.

Fluoroscopic examinations of the chest cavity have been epoch making, and many statements in physiology, have been ex-

ploded. Physiologists tell us that the diaphragm flattens on inspiration, contrary to this statement the diaphragm retains its dome shape during the excursions of respiration, ascending a little higher on the left than right. During inspiration the heart decreases in diameter and slightly descends, and ascends during expiration. The position of the diaphragm influences the area of cardiac dullness. The anatomical apex beat is easily ascertained in fluoroscopy, and often when physical signs give us the apparent location of the apex, the fluoroscope proves the error. Areas of pulmonary densities (dullness) are brought out with clearness and forced inspiration brings out contrast. Remember that in the incipient stage of phthisical process the experienced eye must detect the areas by the contrasty effects in density and great care must be exercised, especially if percussion has preceded fluoroscopy, as blows over the lung tissue are liable to show areas of distinct shadows which are expelled by a few blows over the epigastrium or by deep inspirations. Cavities are plainly outlined.

Pleuritic effusions give excellent dense shadows and show the level of the fluid more accurately than percussion. Aneurisms, calculi and foreign bodies are easily found with the fluoroscope, that is if they are fairly dense.

Pulmonary infarcts show well and will often clear a diagnosis.

The diagnosis of fractures and dislocations have been fully discussed by other writers, therefore you are all familiar with the magnificent results being obtained by experienced physicians.

#### RADIOGRAPHY.

A radiograph will detect that which the fluoroscope cannot, but the abdominal cavity with its enormous quantity of gases and the movements with respiration, also the want of contrast in density seem to interfere in making a perfect radiograph. It is sometimes impossible to locate a bullet in the abdomen owing to the effusion of blood surrounding



the bullet in recent cases and the dense adhesions in old cases.

An x-ray picture is essentially a shadow picture, the details of which are due to the inequalities in density of the various parts of the subject. The penetrability of the materials by the x-ray being approximately in inverse proportion to their densities. It is the strong contrast in density which makes an easy subject and the lack of them a difficult one. It is an easy matter to detect the marked difference in density in a radiograph of the hand, but it is sometimes most difficult to detect the relatively slight difference in density of the hip joint of a stout subject. By placing an intensifying screen of tungstate of calcium over the plate, the duration of the exposures are shortened and the image made clearer in radiographing the thick parts of the body.

I wish to draw the attention of my colleagues to the necessity of developing your own plates, as *you* only understand the anatomical and pathological detail to be brought out. Full directions (formulae and etc.) are given with the plates and it is to our interest to follow this formulae. In developing we must continue until our image—the whites—becomes dark gray and in some cases where we wish very marked contrasty effects, finish in a contrast developer as glycin or hydrochinon until our whites fade away, and always fix your plate in an acid or formalin fixing bath to harden it so it will keep indefinitely during all seasons.

#### X-RAY THERAPY.

It is frequently stated that the curative power of a tube lies in its ability to produce a burn, the question of treatment simply the producing of a dermatitis to greater or lesser extent. This is an erroneous idea, a dermatitis or burn is not only undesirable but should always be prevented if possible.

Radio-therapy has proven that it is capable of curing both superficial and internal cancers. In raying large cancers, I believe we can obtain better and quicker results by first removing the superficial portion, thereby

allowing the ray to be directed upon the base of the growth. By so doing we greatly prevent the autointoxication and autoinfection which seems so annoying and sometimes takes our patient beyond that great horizon, when we are about to congratulate ourselves in obtaining a slough, clearing the newly formed tissue of its enemy. When the process of sloughing begins we must take every precaution to prevent the absorption of toxic material, as it takes a good constitution, seldom found in inoperable cases, to withstand the inroad of this highly poisonous toxic material, and often that which was seemingly a cure to-day is in the hands of death to-morrow due to toxemia. It is an easy matter in large cancerous growth to clear away as much cancerous tissue as possible, using cautery or knife under anaesthesia. Glass drainage tubes should be placed in sinuses.

Personally I prefer a low tube with two or three ball spark-gaps for superficial cancers, increasing or decreasing the number of balls to the size of the growth. Internal cancers require a high tube. If the case shows toxic symptoms I discontinue raying about a week and use the brush discharge according to my method as reported in "American Medicine" issue of Oct. 18, 1902.

By applying a solution of adrenalin chloride (1-5000) to the surface, the parts become anaemic and better results are obtained, with both raying and brush discharge.

Always give a cholagogue and an iron preparation, preferably Bashain's mixture of iron, as it aids in the reconstruction of the blood elements and diuresis. I find that by so doing we have less reaction and autointoxication.

We must gradually find our way and proceed with care and due precaution, but still when you are acquainted with the idiosyncrasies of the patient knowing the degree of excitation of our tube we need not fear a mild dermatitis.

The lead shield or mash should always be used to protect the healthy tissue and the

opening should be large enough to allow all infected parts exposed to the rays.

My method of treatment of indolent ulcers was reported in the "American Medicine" issue of Oct. 18, 1902.

The treatment of skin diseases I will report in a future paper as I have several most interesting cases still under treatment.

The treatment of pulmonary tuberculosis with the x-ray combined with brush discharge is giving good results but a cure has not been accomplished as yet.

I reported a case of scrofuloderma with involvement of the superficial glands of the neck, in the "Therapeutic Gazette" issue of Oct., 1902, which was cured by two months raying.

In closing I wish to remark that the rays are most powerfully analgesic, if they do not cure the incurable cases of malignant growths, they certainly will ease them.

Borough of Brooklyn.

## NERVE TREATMENT OF TUMORS AND CANCER.

BY C. WELLINGTON FITCH, M. D.

Many theories as to a cause have been advanced for the variety of growths.

It is not the object of this article to reiterate them, or to comment upon any physicians belief or findings; but rather, to advance a theory based upon results achieved from actual experience with cases diagnosed by other physicians; including those in which the cancer cells have been actually found by the physician or the microscopical expert attending the case.

Twenty-nine years experience in treating growths both benign and malignant has convinced me, that in the beginning of the disturbance in the part affected, the nerves in the immediate vicinity of the disturbance, or injury, as the exciting cause may be termed, fail to properly control the repair of the tissues at that point, and by their lack of proper action, or over activity, as the case may be, fail in maintaining the equilibrium

of the nerve force, and allow a perverted repair below par (as in cancer), or an increased activity favoring an unnatural increase of the normal tissues at that place.

Working along this line, I have found that Argon, properly passed into the nerves entering the growth or diseased point, will produce a change in the tissues within a few days, which can not be accomplished in any other way, and sooner or later a cure has taken place in every case in which the treatment has been carried to a finish.

By thus locally treating the infirm nerves, nature is enabled to properly make repair, and render the part so healthy that the disturbance, which we have given a name, can no longer exist.

That the subject may be better understood I will describe a few of the cases brought to me by their physicians—give the kind of treatment—and the final results achieved.

Mr. W. W. age 55. Was brought to me by Dr. N, who gave the following history of the case.

Mr. W. had never been sick a day in his life until some six months ago when he was suddenly called to stool and passed a large quantity of blood.

Blood was passed at short intervals during the balance of the day, and occasionally during several succeeding days.

His physician at that time diagnosed the case as ulceration of the stomach and treated it accordingly.

Little by little the bleeding checked and finally stopped.

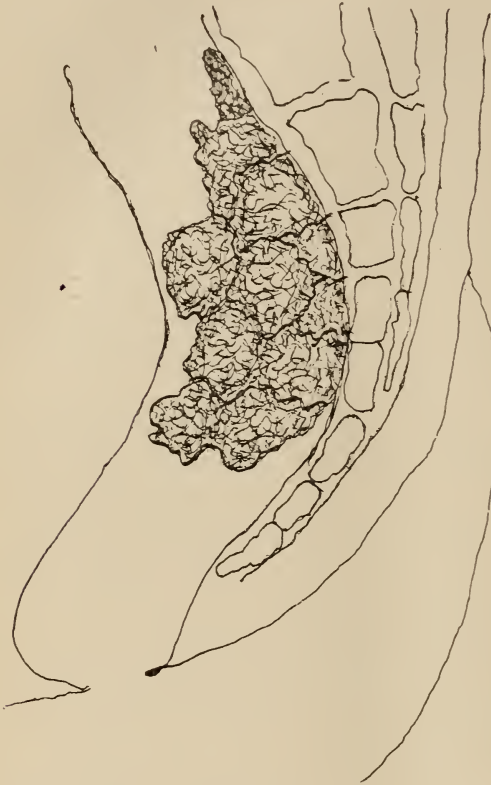
About this time a second physician was called to see the case, who claimed the intestines were affected, and he continued the dosing by the mouth.

When Mr. W. had lost about thirty pounds of weight he placed himself in the hands of Dr. N, who at once made an examination of the rectum; and finding a growth had specimens of it examined microscopically, with the result of its being declared cancer. The following is a copy of the certificate.

"Examination of section from the material from W. W.'s rectum reveals it to be an Adeno-Carcinoma. Dr. J. M. V. C."

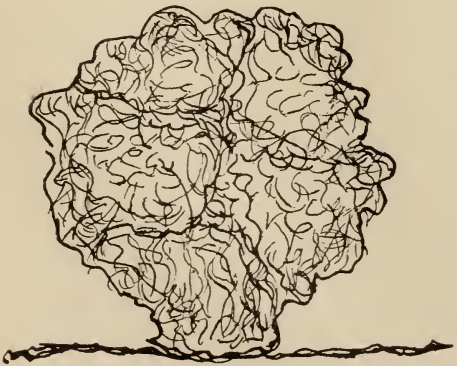
The cancer was found to be three inches long; one and a half inch wide at the thickest part; three fourths of an inch wide at the line of attachment, and one and three-fourths of an inch high.

The nerves supplied to the cancer were treated with Argon every second day, from



The accompanying drawings of the growth were made from measurements

November 12th to January 15th, when the cancer was again examined by Dr. N. Professor G. and myself.



taken at the time of the consultation of Dr. N. with the author.

The general improvement in size, texture and condition of the cancer is well shown in cuts No. 3 and 4.

Patient's weight has increased 12 pounds,



and says he feels "as well as at any time during his life, in fact during the past week exceptionally well."

No medicines have been given by the mouth except Hagee's Emulsion of Cod Liver Oil, after each meal, and a tablet of aloine, belladonna, ipecac and strychnia, when the stools have become too dry.

The case is still under treatment and observation with every prospect of a complete cure.

New York City.

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### CELL CHEMISM.

BY MAX MEYER, M. D.

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(Continued from page 15).

The simple compounds, especially those which contain few atoms of C or N, can be manufactured synthetically by adding to the non-saturated combination suitable elements or unsatisfied compounds. In this way we satisfy quickly the open affinities and bring the atoms into a new position with themselves as shown in propionic acid, where the atoms lay alongside of each other, but by the chemical reaction they change position arranging themselves above each other, satisfying the positive affinities of one atom and the negative affinities of the other, which results in the immediate cessation of their activity, hence condensation.

The complicated compounds of C and N cannot be made synthetically, because we do not know their grouping, but we can deduct from the processes of their natural formation that they cannot be made instantaneously (as in the chemical crucible), but it takes years of time for their completion.

The evolution which takes place in nature in the formation of complex organic compound, we suppose goes on in the following way: At first one affinity is satisfied, the remaining retain their

original energy, and in course of time the next diametral open affinities attack each other and thereby loose their energy, and this attracting and satisfying of affinities continues as long as there are two diametrical open bonds. Finally we find the original atoms either transformed or shifted into another position.

It is then evident that the highest complicated compounds of C and N will have, at first, the highest degree of energy and will be feeble in themselves, but after some time the unsatisfied affinities have attracted each other the energy has decreased and the condensation has advanced.

If we divide the absolute energy of an organic compound at the first union of its components into 100 parts, and if we suppose that this compound needs 100 years to reach the complete crystallization point, it stands to reason that this molecule, after a year, has lost one part of its living energy, after ten years ten parts, after 100 years all of its living energy, and has become incapable of uniting with other substances, i. e., this molecule after 100 years has played its role and does not belong to the living, but to the crystallized, condensed, or dead molecules.

This process through which the organic molecule travels from the highest degree of activity to total passivity, we have termed "Lability and Stability of Chemism." Before and right after the union of the elements their chemism is at the height of lability, and at the crystallization point it possesses the highest degree of stability, traveling from the former point to the latter. This process can be arrested and even reversed when a special energy forces it to do so, which is either an infectious substance or the reproductive power. We will suppose that a molecule of prussic acid be such an infectious substance, and meets one molecule of propionic acid. We find that the latter has six open and ten half open affinities, the former twelve

open and eight half open ones. If the two molecules possessed the same open and half open affinities of the same strength then union of the compounds would take place slowly and without disturbance, but the affinities of N are, as the number indicates, much stronger than those of the C atom, consequently if the similar affinities—the positives and negatives—of both molecules meet each other they will unite with an enormous force and tear the old combinations in the proprionic acid molecule apart. Now the affinities of the C atom are free and disengage with their regained original energy that part of the compounds which has been left untouched by the N atom, hence the *new found union comes into action causing the prevalent stability of the old compound to be destroyed and the resultant new product is elevated to the highest degree of lability*.

This reversed action we must find in a much higher degree in the compounds of albuminous molecules meeting infectious substances. The albuminous compounds are very complex and possess a great number of atoms which are never as stable as f. i. Proprionic acid, therefore, if an albuminous molecule meets a ferment poison it must become either destroyed or the reverse must happen—it must be brought to the highest degree of lability.

If we analyze the processes which take place in the animal and vegetable world, we can classify them all under the laws of lability and stability. Before the creation of both kingdoms the elements existed on earth in the nascent state, which of course was not a quiescence, but they united with the so-called inorganic compounds. Others with higher complicated combinations united to form an enormous number of living molecules resulting—by virtue of the open and half open affinities—in active life.

The living molecules gradually grouped together and these microscopic conglomer-

ates we term ovum. This grouping or crystallization or condensation absorbed a part of the ovum's energy and made the cell inactive. Not all cells consisted of one specie; some were simple others complex, some had positive others negative properties, the latter united with the former; their dissimilar non-satisfied affinities began to saturate each other in their interior, and life commenced within the cell, but to the external surroundings it became more and more inactive. These cells coming into the soil, where a vast amount of non-saturated compounds existed, received by the heat of the sun-rays and the free affinities that amount of energy which had been lost during the long chain of combinations. The molecules of the ovum regained thereby their original energy in the nascent state, i. e., they received retrograde impulses from stability to the highest points of lability, or, in other words, the combinations of the ovular molecules, which, being already on the verge of solidification, became disengaged and, therefore, able to unite with the unsaturated compounds of the soil. The sun-rays added heat and together restored the lost energy in the living molecules causing it to enlarge and to develop into living chlorophyl.

By constant growth of the ovular thread it develops into a stalk and, in doing so, the atoms united stronger and lost their power of assimilation, i. e., they passed from lability towards stability. The living molecules have used, to a certain point, the compounds of their surroundings, either for the development of their own constitution or for the restoration of the constant decreasing living energy, and now the activity of the affinities decreases so rapidly that the compounds of the surroundings are only sufficient for the restoration of the energy and not for development, hence the plant remains growing and sheds off ovular molecules in order to maintain its specie for the future—the law of nature for eternal existence.



The closer the chemism advances toward stability the more the free affinities will be engaged and the more they loose the property to unite with the surrounding compounds and as soon as the crystallization point is reached every attraction ceases, the free affinities have been used up, the plant is unable of self-nourishment and has become ripe, and, in this condition, the resultant product breaks from the maternal part.

Another specie of ovular molecules unites with higher organized cells whose chemical composition have the property of taking up the constituents of the living plant. Of these ovular cells two different species exist, namely, one which has positive, the other one which has negative properties. If these different kind meet they disturb each other in their established stability and the affinities attract, consequently the entire compound becomes disengaged by means of the necessary energy furnished by the living plant. From this fertilized ovular cell a polycellular or unicellular animal will develop, which has used for its own development the living constituents of the vegetable cell.

In the animal the same process takes place as in the plant. The original energy, which meets the positive affinity in the negative cell, transforms the organic compounds—which are just in the state of crystallization—into the highest degree of lability. The affinities of the living molecule now work with their original energy, splitting up the still living molecules of the plant and use the suitable elements for the development of its own body as well as for maintaining its living active energy. Here we find the occasion to speak about the food molecule and its relation to the nourishment and development of the animal cell. We have said before that only that molecule which possesses life can serve for food. Has it ceased to live—either by complete crys-

tallization or by its breaking up into simple compounds—it becomes unfit to serve as nourishment. As an example we will take the molecule of hay and rye. These must contain life, even if they loose by condensation a part of their energy, if they retain their own construction as well as if they nourish other bodies. Old hay or rye is of little or no value for feeding; this every farmer knows well, as do his herds. In the young growing animal the food-molecule serves in first line for development, but if the food-molecule is absolutely dead it cannot become alive again nor can it produce living energy, because no attractions exist between the affinities. In the stomach the living or half condensed food-molecule are stirred up and invested with new energy by the animal heat and the chemical pulps of the gastrointestinal tract. The heat produces a great amount of tension in the food-molecule, its atoms are thereby disengaged and rendered fit to enter into higher combinations, uniting with the chemical constituents of the gastro-intestinal juice, forming highly complicated compounds which are instantly absorbed and carried into the blood-plasma and this, circulating around the tissue cells, furnishes the complex compounds to the cell molecules, in which now new, strong compounds are formed, whose decomposition is prevented to a certain degree by the inorganic salts which were taken up with the food substance. (The saturated, dead salts do not serve directly for life but are a protection to life).

The active oxygen adhering to the red blood corpuscles oxydizes now the entire by salts protected molecule and splits off those components which were loosely united, whereby a part of the atoms of the food-molecules adheres to the cell-molecule and another part is excreted as regressive metamorphosis. If the food-molecule is unprotected by cells the active oxygen will react too strong and



separate the compound, causing the appearance of albumen in the animal urine as a proof that the food-molecule could not adhere to the living cell.

What we said of the grain-molecule is true of the meat-molecule also, which can sustain life only as long as it possesses vitality and has it ceased to live, i. e., has it no energy any more; that is, if it has reached the crystallizing or condensation point it is of course unfit for nourishment. That this is the fact we notice in fresh meat, whose molecules remain active, notwithstanding the death of the animal, until decay sets in. It seems that our statement stands in contradiction with preserved substances, which apparently have been made inert intentionally. But smoking, boiling, steaming, roasting, drying and the like is not killing the energy of the food-molecule, it is simply a fixation which is either a chemical one as in salting, pickling, etc., or a mechanical one, as preservation in air-tight vessels, both methods to protect the food-molecule from the action of oxygen. If the organic compounds are in this way preserved they cannot decompose nor split up, but must retain enough energy to be useful for nourishment even if they will slowly advance to the stage of stability.

(To be continued).

### SPECIFIC USE OF THE ELECTRIC CURRENTS IN UTERINE DISEASES.

BY M. B. PEARLSTIEN, M. D.

Read at the January meeting of the New York Specific Medication Club.

Permit me to present for your consideration, and for the first time in the history of this club, a subject pertaining entirely to electro-therapeutics, with its specific application. I believe there is a new field and a large one in this branch of medical science and it is for us, specific medicationists, to investigate minutely the application as well as the technique of this great art. It occurred to me a short time

ago that there was a possibility to treat our cases by this branch of electro-motive force in the same manner as we would by specific medication.

In other words, to recognize certain morbid conditions as indicative of electrolysis; then—by gathering or grouping the different signs and symptoms of the disease, come in with such quality and quantity of current that would have specific properties in curing or abating such conditions.

It may sound somewhat extraordinary to you, but by careful investigation into this branch of study, with a thorough search for physical signs, and examination of diseased parts, I feel confident that we will have in the near future another specific and a very important one added to our school of practice.

See the progress electricity has made within the past century! While the discovery of the remarkable properties of amber was made about 600 years B. C., it was not till a little more than a century ago that "Galvani" made the first progressive step in the history of electricity.

He, while suspending the legs of a skinned frog by a copper hook, through the spinal column, to an iron railing, observed a twitching of the muscles every time the hook touched the railing.

And now, we employ electricity for almost everything. Yet, while we all appreciate its marvelous results, it still holds no little mystery.

Among the medical fraternity there is a want of a deeper and broader interest in this great mystery of electro-motive force; and owing to this want, there is a corresponding lack of uniformity in the application of electricity.

One physician advocates 50 milliamperes for a certain condition, twice a week,—another, from 100 to 200, three times a week,—and still another does not use a milliampere meter at all, but a cer-

tain number of cells with possibly a different pole electrode. So you see there remains that mysterious problem as to who is right and why?

This problem must be solved before perfect success will crown our efforts.

However, to gain any success in this mode of practice, we must understand thoroughly the technique of the application of electricity, as well as the correct diagnosis of the diseased condition in which electricity is indicated.

As a general rule patients requiring electrical treatment have been treated in a number of different ways, and possibly by a number of different physicians without any perceptible success.

Specifically speaking, I am not prepared to say much about this mode of practice outside of "Gynecology," for it is in this branch that I have had most of my experience.

I will therefore confine myself to this class of cases only. They are the most important class of cases from a medical standpoint, and by the way, very tedious to treat.

A great many cases have undergone bloody and dangerous operations with embarrassing results after the operation, while, if they had been placed under proper electrical treatment, better results might have been accomplished.

It may not be amiss to mention some of the suffering maladies with which we so often come in contact, to wit:

Chronic pelvic inflammation with or without exudation, dysmenorrhoea and amenorrhoea, endometritis, acute and chronic ovaritis, parametritis and perimetritis, uterine hyperplasia, occlusion of the os and stenosis of the uterine canal, subinvolution, prolapsus uteri, menorrhagia, metrorrhagia and metrorrhoea chorea, and other nervous disturbances accompanying puberty, menopause, post partum hemorrhage, simple salpingitis, pyosalpinx and hydrosalpinx, and all

forms of growths, whether cystic or fibroid in character, etc., etc.

Before beginning treatment, I find the following of great importance: Etiology, pathology and duration of disease. If the disease be due to any specific cause indicated, remedies in conjunction with the treatment will be of much value. I also look for anti or retroversion or flexion of the uterus; this organ has so intimate a relationship with the surrounding parts, that its correct position will materially assist us in our treatment. After going through the entire category of examination, I select the electrode best adopted for the purpose, and use judiciously the current and the number of milliamperes indicated to tone up, stimulate, liquify, solidify, cauterize or destroy the diseased part, as deemed necessary.

I always begin treatment with a mild current gradually increasing it, be it galvanic, faradic or static. Never shock your patients with a strong current in uterine diseases, for they are always followed by febrile reaction and this aggravates the existing condition. On the other hand, while a strong current passed through the active intra-pelvic or intra-uterine tissue need cause no pain, the nervous susceptibility of the sympathetic system will respond to the shock very readily.

The following are the modes of application mostly used in Gynecology:

Utero—Abdominal faradization.

Vagino—Abdominal faradization.

Recto—Abdominal faradization.

Abdomino—Sacral faradization.

Intra—Uterine galvanization (with opposite pole over the abdomen or spine). Also Recto-abdominal galvanization.

I will briefly describe the specific treatment in conditions heretofore mentioned.

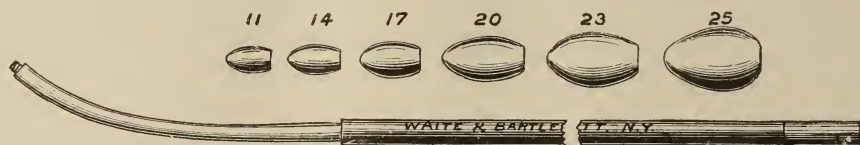
*Simple Congestion* of the uterine organs, whether due to cold or strain of the pelvic organs, also hysterical neuralgic pains, will respond very readily to the

faradic current, using the electrodes in one of the four forms above mentioned.

In placing the one electrode over the abdomen, I always manipulate with it the abdominal muscles; in so doing we assist materially in removing the congestion of the parts involved. Treat your patients 10 to 15 minues at a sitting, two or three times a week, and in two or three weeks your patient will report to you very favorably, forgetting the suffering she experienced before the first treatment.

*Chronic Pelvic Inflammation*, like fevers, must be treated according to symptoms present, taking into consideration the cause, the severity and duration of disease and above all, the parts affected.

*Obstructive Dysmenorrhoea*.—Use the negative pole per uterus and positive over abdomen. Begin with 10 milliamperes, gradually increasing to 25, no more than eight minutes for the first sitting; treat your patients twice a week.



Various electrodes are used for dilating the os.

In my hands, Dr. Fry's intra-uterine electrode (a universal insulated handle with a set of six electrodes of different sizes) answers every purpose. Press the electrode firmly but gently against the stricture until you have succeeded in passing it through. Be just as gentle in withdrawing the electrode.

Great care must be exercised to avoid the contact of the electrode with the speculum or any other metal used in the vagina, as you will shock your patient.

*Membranous Dysmenorrhoea*.—After dilating the os sufficiently to pass No. 4 or 5 electrode, use the positive pole per uterus and the negative over the sacral region. As it is necessary to affect the uterus with a strong hæmostatic, increase the current gradually from 10 to 100 milliamperes for from five to eight minutes

a sitting, treating your case immediately after cessation of menstruation. Repeat your treatment in two or three days, then wait until after the next menstrual period.

*Amenorrhoea*.—First ascertain the cause, whether due to a lack of development of the uterine organs, congenital pelvic diseases and deformities, shock or fright, anemia, exposure to cold, etc., etc.

Always try the faradic current first, or what is still better, static electricity.

Apply the former recto-abdominally and the latter brush discharge, followed by the passive roller electrode all over the pelvic and abdominal organs as well as over the entire length of the spine.

If the case is very obstinate, use the negative pole (galvanic) per uterus with a current of from 20 to 40 milliamperes, twice or three times a week, according to the results obtained.

Alternating currents of galvanic and faradic electricity are often very beneficial.

*Endometritis*.—Where there is present a profuse catarrhal discharge from the cervical canal, an electric cauterization is indicated. If the uterine organ is not too soft and relaxed, with a passive pale color at the external os, use the intra-uterine negative (alkaline) pole, placing the positive sponge electrode over the abdomen and using from 10 to 25 milliamperes, ten minutes to a sitting, twice or three times a week, according to results obtained. If on the other hand, the uterus is too soft, flabby or relaxed, use the intra-uterine positive (acid) pole in the same manner as above described; the electrode used must come in contact with the uterine walls.

In either case, after the discharge has ceased, vagino-abdominal faradization used twice weekly for a month or so will help materially to make the cure permanent.



*Ovaritis.*—In acute cases or in ovarian neuralgia the static (passive) roller electrode run over the parts involved will do much to relieve their condition.

If after a few of these treatments no relief is obtained, use the vagino-abdominal faradic current, pressing the vaginal electrode close up to the ovary affected. Fifteen minutes to a sitting, two or three times weekly will give you permanent results in a short time, provided no complication exists. In cases of chronic ovaritis, manifested by ovarian dysmenorrhoea with constant ovarian pain, aggravated by walking, use the faradic current first; alternate this current, at another sitting with a positive galvanic pole electrode per vagina and the negative sponge or clay electrode over the ovarian region on the abdomen. Use from 10 to 25 milliamperes for fifteen minutes at a time. In doing so, there will be a tendency, by absorbing deposits, to break up adhesions.

*Uterine Hyperplasia, Occlusion of the Os and Stenosis of the Uterine Canal.*—Use the negative pole intra-uterine electrode, gently dilating the os by means of the different sized electrodes, applying from 10 to 25 milliamperes as described in the case of obstructive dysmenorrhoea.

*Prolapsus Uteri.*—When due to relaxation of muscular tissue, use the vagino-abdominal faradic current, for fifteen to twenty minutes at sitting three times a week. Immediately after each treatment, pack the vagina with sterilized absorbent gauze, 5 inches wide by one yard or more long, allowing the packing to remain 24 hours.

*Menorrhagia, Metorrhagia and Metorrhoea.*—In the above conditions, there is a relaxation of the blood vessels as well as the uterus. What is most indicated is a current that will set up a vigorous contraction of the uterine walls.

Large uterine electrode or sound applied intra-uterine with the opposite pole

over the fundus of the uterus, and a very strong faradic current passed through, will in a majority of cases check the hemorrhage.

If, however, the faradic current fails to thoroughly check the hemorrhage, the positive intra-uterine galvanization will do so. After the first application, use as high as 100 or 125 milliamperes for about ten minutes to a sitting.

*Chorea and Other Nervous Disturbances* accompanying puberty are best relieved by static brush discharge.

*Post Partum Hemorrhage.*—The positive intra-uterine galvanization from 20 to 125 milliamperes will quickly and permanently stop the hemorrhage. After the cessation of the flow, apply the vagino-abdominal faradic current for about five minutes to stimulate absorption of deposits.

*Simple Salpingitis.*—In cases where no exudate exists, use the static or faradic electricity in the same manner as described in the case of ovaritis.

*Subinvolution.*—The sigmoid aluminum electrode, I introduced several years ago, applied intra-uterine—and the faradic current allowed to go through for fifteen or twenty minutes to a sitting two or three times a week, persistently applied, will in a short time produce a normal condition of the uterus. There are quite a number of other maladies, we are called upon to treat, such as pyro and hydrosalpinx, fibrous, cystic and cancerous degenerations, but as time and space will not allow me to describe the treatments fully at present, I will hope for the opportunity to do so at some future time.

Brooklyn, N. Y.

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On February first the Cosmopolitan Hospital Association, of which Dr. M. R. Arvine is president, gave a very successful entertainment at Madison Square Garden concert hall. It is said that they realized nearly \$3,000.

## THERAPEUTICS.

Edited by  
JOHN W. FYFE, M. D.

All articles for this department should be sent to Dr. J. W. FYFE, Saugatuck, Ct.

### WATCH THE HEART.

Throughout the treatment of pneumonia, and other diseases incidental to our winter and early spring months, watchful consideration should always be given to the condition of the heart. Such attention will many times make it possible to carry to recovery cases which seem almost hopeless. Here our remedies must be selected with the most thoughtful care. It will not do to employ a remedy simply because it has been called a "heart tonic." The medicament must be carefully fitted to the disease expressions—symptoms—presented. In order to do this work well we must keep the indications for our heart remedies clearly in our minds. We cannot review them too often. In an able article by Dr. N. A. Graves, published in the *Georgia Eclectic Medical Journal*, the indications for the most frequently needed heart remedies are given in the following terse language:

*Digitalis*: This remedy is indicated when these circulatory indications are present: A rapid, weak, easily compressed pulse; cough; cyanosis. Dyspnoea and oedema may or may not be present. *Digitalis* is used successfully when the foregoing symptoms are present if there be valvular incompetency of the aortic or mitral valves, or stenosis of the tricuspid.

It should not be given when there is marked stenosis of the mitral or aortic valves, fatty degeneration of the heart, marked arterio-sclerosis, nor when the arterial tension is high and the pulse full and hard and slow, no matter what the disease. *Digitalis* is of little use, if not harmful in

inflammatory conditions of the heart.

*Cactus Grand*: Feebleness of the heart's action with irregularity, or exaggerated action of the heart with irregularity, are particular indications for this remedy, no matter what the valvular lesions. In feebleness it should be given in large doses, while in exaggerated tumultuous heart's action, the small dose is best. I very often combine it with gelsemium when there is marked irregularity, and have obtained very great satisfaction from the combination. It is particularly valuable in valvular insufficiency of the left heart.

*Strychnia*: This is the remedy for weak heart, indicated by very rapid beat or by an extremely slow or irregular heart. It is the remedy in stenosis of the aorta and mitral valves, and will give results not obtained by any other remedy. A moderate dose every three or four hours gives the best results. In valvular insufficiency it will give as good results as in stenosis.

*Strophanthus*: This remedy gives the best results in the feeble but regular pulse. It is a good remedy in inflammatory heart conditions associated with small doses of aconite or bryonia. It is a good remedy in valvular insufficiency. I have had the best results from good sized doses, five to ten drops, every three to four hours.

*Convallaria and Apocynum*: These remedies are of much value in valvular insufficiency where there is compensatory failure as shown by dropsy of the feet or legs.

They are insufficient when there is great abdominal dropsy. They give good results when the pulse is slow, or rapid and feeble, when there is general fullness of the tissue. *Podophyllum* is often an excellent remedy to give with them. *Apocynum* gives best results in small doses; *convallaria* in large doses. I often use *oxydendron* with these remedies when there is abdominal dropsy, for while it has no direct influence on the heart, it is one of the best agents in the removal of serous fluid in the peritoneal cavity.

and in this way relieves the heart of extra work.

*Crataegus*: I have used this drug in hospital practice for about two years. Its action is like that of cactus, but I do not like it as well as the latter. It must be given in large doses. Its effects are slow and the results are often unsatisfactory. Many good reports have been made of its efficacy, and perhaps I have not used it properly, for I have not been able to verify the results of others.

*Spartiene*: This remedy comes nearer being a heart tonic than any drug I know with the exception of strychnia.

When the heart beats are unequal in vigor, and when the rhythm is disturbed, whether the heart is rapid or slow, whether the valves are incompetent or both, spartiene, in from one-half to one grain doses, will give prompt relief.

The promptness of its action makes it valuable.

*Veratrum Viride* is a good remedy in exaggerated heart's action with full bounding pulse, cardiac hypertrophy and no great valvular deficiency. The patient complains that the heart seems to pound hard against the chest. Moderate doses will relieve and at times cure such cases.

Irregularity without appreciable heart lesion, palpitation with partial syncope, accompanied with precordial pains, will yield best to gelsemium and macrotys.

A feeling of chest constriction, especially the feeling as if the heart were in a vice, is quickly, sometimes instantly relieved by nitroglycerin, 1-100 or 1-150 of a grain given hypodermatically. When such condition is chronic, lobelia or lycopus or both, in small doses, will frequently give permanent relief.

For the pains of pseudo-angina, I know of nothing comparable to nitroglycerin hypodermatically and amyl nitrite by inhalation. True, angina will often yield to this treatment, and when it does not, a combination of nitroglycerin, strychnia and morphine is effective.

Aconite and bryonia are the remedies in acute endo or pericarditis. The sharp, lancinating pains, short cough and dyspnoea will slowly yield to them.

Valvular deficiencies caused by vegetations, which frequently cause a double valve sound, when accompanied with arteriosclerosis, are often permanently cured by iodide of potash in small doses for a long period of time."

## POISONING.

(Continued from page 19.)

### COCCULUS INDICUS.

*Diagnosis*.—In some cases the symptoms of poisoning by this agent are vomiting and purging, a peculiar stupor, a complete loss of voluntary power, with a consciousness of passing events, and in other cases there are convulsions, and an eruption like that of scarlatina.

*Treatment*.—The stomach should be evacuated as soon as possible by means of emetics or the stomach pump. If the effects of the poison are not very severe they will gradually cease. The case should be treated in accordance with the specific indications for remedies.

### COPPER.

Copper itself is not poisonous, but many of the salts of copper are, and injurious salts are produced when copper is brought in contact with the gastric juice.

#### SULPHATE OF COPPER, OR BLUE VITRIOL.

In doses of half an ounce the sulphate of copper is a powerful irritant. It has been used to procure abortion with very dangerous results.

#### SUBACETATE OF COPPER, OR VERDIGRIS.

In one-half ounce doses the subacetate of copper has caused death. It is frequently produced by allowing greasy substances to stand in copper pans.

#### ARSENITE OF COPPER, OR MINERAL GREEN.

This salt derives its poisonous properties from the arsenic which it contains.

*Diagnosis*.—In poisoning by the salts of



copper there is pain in the epigastrium, gradually extending over the abdomen, violent vomiting of blue or green substances, diarrhoea, difficult breathing, great depression, cold extremities, headache with giddiness, and slight tetanic convulsions. Sometimes there is suppression of urine and jaundice frequently sets in. This latter symptom is a very important one in making a diagnosis, as it is seldom met with in other forms of poisoning, except in poisoning by phosphorus. Occasionally there is stupor, coma and paralysis. When the salts of copper are taken in small doses for several days, there may be a metallic taste in the mouth, thirst, debility, cramps and colicky pains, with symptoms of dysentery. Sometimes there is retraction of the gums, with a purple line around them. This line is very distinct from the blue mark caused by lead.

*Treatment.*—The vomiting which usually occurs should be encouraged by the use of warm water. Albumen is the indicated antidote; eggs should, therefore, be given liberally and promptly and followed with milk and mucilaginous drinks in large quantities.

#### CYTISUS LABURNUM.

All parts of this plant are poisonous. Most cases of poisoning by it result from the seeds being eaten by children.

*Diagnosis.*—The marked symptoms of poisoning by this plant are vomiting, diarrhoea, dilatation of the pupils, rigors, rigid limbs, great depression, feeble and rapid pulse, face suffused and red, and prostration followed by drowsiness.

*Treatment.*—The stomach should be promptly evacuated and charcoal given as an antidote. This treatment should be followed by stimulants.

#### DATURA STRAMONIUM.

*Diagnosis.*—In poisoning by stramonium there is excessive thirst, dryness of the mouth and throat, vomiting, great dilatation of the pupils, imperfect vision, giddiness, palpitation of the heart, great depression, delirium, disposition to laugh and talk wildly, rapid flow of ideas, frequent desire with-

out the ability to pass water, muscular twitchings, especially of the legs, and difficulty in walking. The patient may die in a convulsion. The effects of stramonium are very similar to the effects of belladonna, and the symptoms of poisoning by the one are almost identical with the other.

*Treatment.*—Stimulant emetics, castor oil and animal charcoal are remedies to be relied on in poisoning by this agent. The general treatment should be the same as used in poisoning by belladonna.

#### DIGITALIS.

The leaves, seeds and root of digitalis purpurea are poisonous. Death from this drug has occurred within twenty-four hours of the time of taking a large dose. When digitalis is given for medicinal purposes its effect should be carefully watched, as it frequently accumulates in the system.

*Diagnosis.*—A poisonous dose of digitalis causes vomiting, purging, colic, headache, great slowness and irregularity of the pulse, dimness of vision, dilated pupils, prostration, convulsions and coma.

*Treatment.*—Emetics and castor oil should be given, and these should be followed with strong tea, or any infusion containing tannin. Substances containing tannin render the digitalis inert. Strong tea or coffee, with brandy, aid in relieving the depression and exhaustion.

#### FUNGI.

It is not always possible to distinguish the wholesome fungi from the unwholesome, and moreover mushrooms which may be eaten without ill effect by some persons, prove injurious and sometimes fatal to others.

*Diagnosis.*—The symptoms produced by poisonous fungi are usually those indicative of gastro intestinal catarrh, with an abnormal condition of the nervous system and considerable depression. In some cases, however, these substances act much like pure narcotics.

*Treatment.*—The stomach and intestines should be thoroughly emptied as soon as

possible, and each case then treated in accordance with the symptoms manifested and the specific indications for remedies presented.

(To be continued.)

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### DIPHThERIA.

A writer in the *Chicago Medical Times*, in presenting his treatment of diphtheria, speaks as follows :

"I dissolve four grains of hydrargyrum cyanide in eight fluid ounces of alcohol. The remedy is then prepared for dispensing. Mix two drachms of the solution with four fluid ounces of water, and give to a child from five to eight years of age one drachm of the dilution every twenty minutes until improvement commences ; then every half hour, or hour, as the case may require. Do not use other while using this treatment. Nothing else is needed and may do harm. Cauterizing, gargling, swabing and inhaling are all useless tortures.

The remedy is almost tasteless, and children take it as readily as water. The treatment is pleasant for the physician, and from the beginning he can assure the friends of perfect safety. Be sure the remedy is properly administered and the result will be all you require.

I once used the following case to test the theory of auto-reinfection :—

A girl seven years old, previously healthy, had diphtheria. When first seen her temperature was 103°, with flushed face, accelerated pulse, profound depression, unable to hold herself up in bed, extensive cellulitis on both sides of her neck, unable to speak above a whisper. The exudate filled the fauces, covered the tonsils, uvula and part of the soft palate, and extended into the larynx ; anterior and posterior nares so obstructed as to compel mouth breathing with attending symptoms. Here was a case for the undertaker. After twenty-four hours treatment little change could be observed, but it was certain the patient was no worse. After

forty-eight hours treatment the fever was gone, pulse soft, swelling of the neck less, membrane fading away, and patient sitting up in bed and looking at pictures. Progress toward a rapid recovery and in a few days no signs of disease remained except a small point of membrane about the size of a small wheat kernel. The thought occurred to me to ascertain whether this point would reinfect the patient. I ceased using the specific remedy and gave other medicine to entertain the patient. On the second day the spot was a little larger. During the next four days the membrane developed rapidly, and the girl became very sick again. I returned to the specific treatment and a rapid recovery resulted. In all cases the medicine ought to be continued and given every two or three hours for several days after convalescence is well established.

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### OBSTETRICS.

In a very large per cent. of births but little interference is required, Dame Nature usually being fully competent to perform the work needed in a very satisfactory manner. Still cases of labor are not infrequent in which the life of the mother largely depends upon the skill of her attendant. How important it is, therefore, that every student, before graduation, be fully instructed in the obstetric art, and also given practical experience under the supervision of a competent obstetrician. While considering these important facts, the following gleanings from recent medical publications become subjects of especial interest :

A case of uterine rupture in a woman with a contracted pelvis, the child presenting by the breech ; a twin pregnancy in a woman with a double uterus ; a case in which forty-six hours elapsed between the birth of twins ; a case of double uterus in which five successive pregnancies occurred alternately in the left and right uterus ; a complete laceration of the vagina during labor ; prolapse of the bladder in a cornial

pregnancy and labor; rupture of the recto-vaginal septum during a case of labor, without rupture of the perineum; intra-uterine rupture of the cord; numerous cases of inversion of the uterus, one case occurring three days after delivery; rupture of the uterus with passage of fœtus, membranes and placenta into the abdominal cavity; cases in which five, seven and eleven days elapsed before the delivery of the placenta, and no evil effects resulting; a case in which the neck of the child was broken by excessive traction, the head remaining in the uterus; a case of labor with a double uterus and vagina, the septum in the latter in no way retarding labor; a case of labor in which a sort of diaphragm occluded the vagina, and many other cases in which abnormal features were prominent.

#### THE FOUNDER OF ECLECTICISM.

The remarks which follow will undoubtedly interest the younger members of the profession. They were made by Dr. D. A. Johnson, in contradicting the absurd statement that the eclectic school of practice was originated by Samuel Thompson, a man who claimed to cure all diseases with six crude compounds which he prepared and numbered from one to six.

"Opposed to the Thomsonian system was Wooster Beach, the founder of the eclectic practice, a graduate of the University of New York, a member of the Medical Society of the city and county of New York, a member of the Royal College of Physicians and Surgeons of Berlin. In 1829, through his instrumentality, a college was erected and opened denominated "The Reformed Medical College of New York." The erection of this college led to the formation of a society called "The Reformed Medical Society of the United States." And in 1830 in accordance with a resolution adopted by the aforesaid society, a school was established at Worthington, Ohio, as the Medical Department of the Worthington College. Dr. Beach was also professor of clinical practice

in the Eclectic College of Cincinnati, and of Syracuse. To one who "was there on or about that time" it would seem unnecessary to offer proof that the eclectics were not descendents of Thomsonianism. I will quote an extract from a speech of Hon. Job Has-kell before the legislature of the State of New York during the session of 1834: 'Among the most conspicuous of the botanic physicians, stands Dr. Wooster Beach of New York, a man of profound learning and research. He, sir, stands the great reformer, the father of the American eclectic practice.'

These facts are matters of record. In 1852 he issued the second edition of his great work, "The Eclectic Practice." in three volumes, "being a practical exposition of pathology, therapeutics and surgery." These books are still extant, and many a wiseacre of the present day might learn something of value from them on therapeutics."

The following diabetic diet list is recommended by Dr. N. S. Davis:

"Breakfast—Tea or coffee without sugar or cream, one egg and bacon, and two or three slices of nut bread with butter. Dinner—Bouillon or broth; beef, mutton or chicken, spinach, asparagus or wax beans; salad of lettuce or tomatoes with cheese; black coffee without sugar. Supper—Tea or coffee without sugar or cream, meat, fish or mushrooms; a salad of tomatoes, lettuce or chicory; two or three slices of nut bread. At bedtime, or in the evening, an egg lemonade made with saccharin can be given. Use as much butter as possible on bread and oil on salads; eat fat meats by preference."

The eclectic student who desires to obtain a working knowledge of eclectic medicines and methods of treatment has but little time to give to the methods and remedies of other schools during his four years college course. Still, if he wishes to be regarded as an intelligent physician he must become conversant with the essentials of other schools of practice, and this he can do in a very short time, if he will devote a



few minutes of each day to the study of Fyfe's *Modern Materia Medica*. Orders for the book can be sent to or left at the Eclectic College office, 239 East 14th Street. Dr. Hamlin, editor of the *American Medical Journal*, in speaking of Fyfe's *Modern Materia Medica*, says: "One who has this book has a work on *Materia Medica* that is second to none. In fact we want to say right here that no other book on the market surpasses it, and very few in any way equal it in real merit."

During the past fifteen years I have frequently used gelsemium hypodermically. From five to fifteen drops of the specific medicine may be administered, according to the age of the patient and the necessities of the case. Ten drops of the specific medicine is the average dose for an adult. Rectal tenesmus when there is extreme nervous tension, hysterical convulsions of women showing marked hyperaemia of the head and face, sunstroke, and convulsions of children are among the afflictions for which gelsemium may be hypodermically employed.

In last month's notice of the *Georgia Eclectic Journal* the name of Dr. H. E. Truax, one of the editors, was inadvertently omitted. His writings are always interesting and instructive. The Eclectics of the South are to be congratulated on having an organ edited by such able writers as Drs Truax and Duvall.

### SOCIETY CALENDAR.

National Eclectic Medical Association. Meets at Indianapolis, on June 9th to 11th, 1903. J. D. McCann, M. D., president; Finley Ellingwood, M. D., secretary.

Eclectic Medical Society of the State of New York. Meets at Albany, April 9th and 10th, 1903. W. S. Dart, M. D., president; S. A. Hardy, M. D., secretary.

Eclectic Medical Society of the City and County of New York. Meets third Thursday in each month at 239 East 14th street. A. W. Herzog, M. D., president; W. L. Heeve, M. D., secretary.

Kings County Eclectic Medical Society. Meets third Monday in each month; Nov. meeting at the office of Dr. M. B. Pearlstien, 309 Hewes street, Brooklyn. A. L. Palmitier, M. D., president; M. B. Pearlstien, M. D., secretary.

New York Specific Medication Club. Meets second Thursday in each month at 239 East 14th street. V. Sillo, M. D., secretary.

### MASSACHUSETTS ECLECTIC MEDICAL SOCIETY.

Boston, January 14th, 1903.

The Forty-second Semi-Annual Meeting of the Massachusetts Eclectic Medical Society was held this day at "The Thorndike."

Among the business transacted was the reception of two new members, Charles E. Keck, M. D., Barnstable, Mass., and Granville R. Johnson, M. D., Templeton, Mass.

The by-laws were amended so that the semi-annual meeting shall be dispensed with in future, and the annual meeting shall be of two days duration.

Asa L. Pattee, M. D., read an instructive paper upon *Chionanthus*.

He advocated the use of the drug in all diseases of the liver, and cited several cases where it had served him well. It was discussed as follows:

Dr. Miles called attention to the addition of gelsemium to the hypodermic injection of morphia, as advised many years ago by Dr. E. Edwin Spencer. He would add 5 to 10 gts. of the gelsemium to 1-8 or 1-6 grs. morphia. I have found that this combination has acted admirably and is much superior to the morphia alone.

Dr. Spencer said, that in the case reported by the essayist, which had the spasmodic seizures the gelsemium would add very materially to the help of the morphia.

Dr. Pattee stated that the patient which had those seizures had never had an attack since he treated her, though before she had been subject to them quite often. I think that case proved to me the benefit of *chionanthus* in these conditions better than any other I have treated.

Dr. Miles enquired of the essayist if he

saw the icteric condition which usually occurs in these cases?

Dr. Pattee replied, not to any marked extent. There was a slight yellowish coloration of the conjunctiva. If it had not been for the marked pain in the region of the liver, I should not have thought of gall stones.

Dr. Keck said that he had prescribed chloroform in 10 gtt. doses every twenty minutes for gall stones, with marked benefit. The treatment was accompanied by massage over the region of the liver.

Dr. Howes reported a case of gall stones which he had cured, many years ago, by means of the chionanthus. He thought that the drug was a valuable one in all those troubles where there was any obstruction to prevent the proper action of the liver or gall bladder.

Dr. Miles had used chionanthus a great deal in just those kind of cases reported by the essayist. He also suggested that it was an admirable cholagogue for children, when given in small doses. It will also prove to be a bit of a tonic to this class of cases. He would like to mention the chelidonium as a valuable remedy in the same class of cases which calls for the chionanthus.

Dr. Pattee spoke of making the hypodermic injection as near as possible to the seat of pain. By so doing you get quicker and better results.

Dr. Howes corroborated this statement, as his experience testified to its truth.

Dr. Miles said he would like to say a few words concerning vesicaria communis as a remedy for irritable bladder troubles. My attention was first called to it by an article in the *Chicago Medical Times*, written by Dr. Shafer of Peoria, Ill. I wrote to him for information and he referred me to an article which he had written for Vol. XXV of the *National Transactions*. I found it a difficult remedy to procure. Dr. Calderwood told me I could obtain it at Clapp's. I did so, and used it with good results in

several cases of bladder difficulty. The Wilson's at length succeeded in procuring some and I now get my supply from them. There are eight or ten physicians in my neighborhood who are using it with good results. I will report one case: An old gentleman suffering with irritation of the bladder and an enlarged prostate, urinating from fifteen to fifty times a day. He has received more benefit from the vesicaria communis than any other remedy which I have prescribed. My experience is that all bladder remedies will act well for a time, when they seem to lose their power. You have to substitute something else for awhile, when you can return to the former remedy with the same benefit as before. The good derived from the vesicaria lasts longer than any drug I have heretofore prescribed for these troubles. I usually give five or six drops of the vesicaria in a little water every two or three hours. It seems to act along the same line as polytrichum and apis.

Dr. Spencer said: This is a subject in which I am much interested. I have a patient who has all the symptoms referred to by the last speaker, and he will have a chance to try it.

Dr. Miles spoke of the benefit to be derived from the use of molasses candy suppositories. He said they were being used quite extensively in the City Hospital, and by many of his patients.

Dr. Allen spoke in favor of the use of molasses in enemas, and also told of his experience with the molasses suppository when the molasses was cooked in a decoction of eupatorium perfoliatum.

Dr. Miles said he very frequently made use of molasses in enemas.

Dr. Howes also said that such was his universal custom.

Dr. Allen referred to the use of the old compound tincture of lobelia, in a recent case where there was slight paralysis of the throat with asthmatic breathing.

Dr. Allen said he had used the vesicaria a number of times, upon the recommenda-

tion of Dr. Miles, and it had served him well.

Dr. Pitts Edwin Howes read an essay upon Pulsatilla which was listened to with close attention.

Dr. Brown said that he had obtained the best results from pulsatilla, in light complected people. He had used it quite extensively along the lines recommended by the essayist.

Dr. Howes stated that he coincided with the statement of the last speaker, regarding its use among the light complected people, especially in those diseases seen only in females.

Dr. Miles said he had used pulsatilla for a long time and regarded it as a very valuable remedy. He used it especially in amenorrhoea and at the time of the menopause.

In speaking concerning the "Old Remedies" Dr. Miles stated that he would like to say a few words concerning leptandrin—the active principle of the leptandria. I do not use it as much now as I used to, because of the chionanthus. Many years ago leptandrin was used by the Eclectics as a hepatic stimulant, not as a cathartic. At this time the regulars were using the drug extensively as a cathartic, and in order to increase its action would triturate with it the aloin. The Eclectics never expected to get catharsis. We would get very beneficial results from small doses in chronic liver troubles, constipation resulting from the inactivity of the liver, also in typhoid fever. For the diarrhoea I used to triturate it with sub-nitrate, or the sub-gallate of bismuth—5 grs. of the bismuth,  $\frac{1}{2}$  gr. of leptandrin given as a dose three or four times a day. I am sorry that I do not use it as much as formerly. There is hardly a day that I do not take down Grover Coe's book on the Alkaloids, and look up what he has to say on their use. I would also like to say just a word on the geranin. I find it a very valuable astringent, and it acts without any irritation. It does not dry up

the mucous membrane of the intestines. I use it largely in diarrhoeas. A favorite prescription is opium grs. j to ij, geranin ℥j, sub-nitrate bismuth ℥iv. Make eight powders, and give one from every two hours to one every twenty-four hours, according to indications.

Dr. Spencer speaking of leptandrin, said, that he was always very particular about the quality of the preparation used. In the old days he used that made by W. M. Burt of Worcester; latterly had used that prepared by Merrill of Cincinnati. I did not expect to get any cathartic effect. I did not give it for that purpose. But after a while there is a quality of bile which comes down from the liver that improved the condition of the bowels. In the olden day there was a favorite formula of mine which I used to prescribe. It consisted of a little podophyllin, a little taraxacum, a bit of hyoseyamus, a bit of capsicum, and leptandrin. I still use this in the form of pills, although my dose now is only  $\frac{1}{4}$  of what it used to be in the early part of my practice. I give these pills where I get those lazy livers with tendency to constipation and disturbed digestion. Just a word of caution in regard to podophyllin. There are a certain class of people who cannot take podophyllin. They are those light complected persons with blue eyes. In regard to geranin I also use Merrill's preparation of that. I frequently combine it with the diaphoretic powder of the dispensatory (Kings). Some cases I use the neutralizing cordial with the geranin added.

Dr. Miles said he did not use podophyllin much because of the irritation of the bowels which it caused. He was using tiny doses of calomel—1-10 gr.—in its place.

Dr. Allen extended an invitation to the members to visit his office, after adjournment, and inspect his new electrical apparatus, which was accepted.

PITTS EDWIN HOWES, M. D.,

Secretary.



# BOSTON DISTRICT ECLECTIC MEDICAL SOCIETY.

Boston, January 20, 1903.

The Forty Second Annual Meeting of the Boston District Eclectic Medical Society was held this evening at "The Thorndike," dinner being served in the main dining room at 7 o'clock.

The regular business meeting was called to order by the President, Dr. Lydia Ross, at 8 o'clock. The records of the last meeting were read and approved. The secretary read the following annual report:

To the members of the Boston District Eclectic Medical Society:

Your secretary desires, in accordance with the by-laws, to present the following annual report.

The year, which has just closed has been one marked with prosperity, as far as the doings of this society has been concerned. Our meetings have been held regularly, on the third Tuesday of each month, excepting June, July and August. The attendance has exceeded that of several years in the past, and the meetings have been unusually interesting and profitable.

Papers have been presented upon the following topics: Inspection, Palpation, Percussion, Diagnosis of the Position and some of the Diseases of the Heart, Bacteriological Diagnosis of Diphtheria, Phosphorus, Sanguinaria, and Piscidia.

Drs. C. Edwin Miles, John Perrins, William H. Russell, E. Edwin Spencer, Asa L. Pattee and Nathan L. Allen have reported cases during the year. We have also had several interesting discussions on "Old Remedies."

Your secretary has endeavored to present full reports of our doings, together with many of the papers read in the pages of THE ECLECTIC REVIEW during the year of 1902. His success in this regard he leaves for you to determine.

May the increased interest of the year just passed spur us on to renewed activity during the one just commenced. May we

strive more earnestly to attend the meetings of our society and endeavor to increase our ranks by bringing new members. Thus we shall shed honor upon the Eclectic practice of medicine, which is dear to us all.

Notwithstanding the causes for congratulations which I have mentioned, there is much of sadness which must necessarily tinge our thoughts to-night. We are just beginning to realize, perhaps, that never again shall we listen to him who has always been a welcome worker in all our gatherings. For almost thirty years E. Edwin Spencer has been a member of this society, having joined in April, 1873. During the whole of that period—except when prevented by illness he has been indefatigable in his efforts to further the best interests of the Boston District Eclectic Medical Society.

He was a man of strong characteristics, somewhat eccentric in many of his expressions, yet possessing a warm, tender and loyal disposition, which was best appreciated by those who knew him most intimately. We shall all miss him, and will be glad to extend to his daughter and near relatives our heart-felt sympathy.

All of which is respectfully submitted.

PITTS EDWIN HOWES,

Secretary.

The report was approved and ordered to be spread upon the records.

Dr. C. Edwin Miles, in a few touching words announced the death of our Fellow—E. Edwin Spencer, M. D., which occurred suddenly at his residence yesterday morning.

Upon motion of the secretary, Drs. C. Edwin Miles and Lydia Ross were appointed as a committee to draft resolutions upon his death.

They presented the following:

We, the Fellows of the Boston District Eclectic Medical Society, in the decease of our Associate, E. Edwin Spencer, M. D., are pressed with a deep sorrow and a realization that we have sustained a loss that in all its aspects can hardly be replaced, and that must be irreparable to those who were

bound to him by the ties of consanguinity.

We feel it is but a just tribute to our departed Fellow to say that as a man he was worthy of our high esteem; that as our associate he was intensely interested in, and devoted to, all that made for the welfare of our organization and profession; that as a physician he sought with a broad mind and a studious effort for the best in the healing art; that as a practitioner he was skillful, courteous, generous, sympathetic, conscientious and devoted to his patrons of every class and condition.

As a thinker he possessed a pronounced individuality, and ever sought after truth and loyally adhered to it, and boldly advocated it as he saw it.

To the family of the departed we would tender our condolence and forward this token of our esteem for him, which we shall cherish while memory shall last.

C. EDWIN MILES, M. D.,

LYDIA ROSS, M. D.,

Committee.

The resolutions were adopted, ordered to be spread upon the records and a type written copy be sent to the family.

The following officers were elected for the ensuing year: President, Lydia Ross, M. D.; vice-president, A. Waldo Forbush, M. D.; secretary, Pitts Edwin Howes, M. D.; treasurer, John Perrins, M. D.

Dr. C. Edwin Miles presented the following case of cystitis and enlarged condition of the prostate.

This case has been of great interest to me. Mr. W. K. M., nearly 20 years on the editorial department of the *Boston Herald*. I was called to see him on the 25th of October. I obtained the following history: Eight years ago he had retention of urine, since that time he has been obliged occasionally to use the catheter. One year ago he had a severe attack of hemorrhage from the bladder, which lasted a full night before it ceased. On October 24th, he came home from his office, and had suffered more or less that day. I saw him the next afternoon.

He had some difficulty in passing his urine and there was a little pain in the head of the penis. There were no symptoms of "Brights." Examination revealed a very large prostate gland. There were spasms of pain whenever he attempted to pass his urine. Prescribed morphia, which gave him some relief. The next morning I found him a little better and could pass the catheter without trouble. That night he was not quite so well, and the next day he was still confined to his bed. On the morning of the 28th, I found him suffering very badly and asked for consultation. I could not pass any form of catheter. Dr. Bowles went in with me, and he was unable, at first, to introduce the catheter, but later succeeded in so doing. Continued the treatment, which was principally vesicaria and benzoate of lithia, for the next three days. On the 2nd of November we both saw him again and found his condition practically unchanged. We were both confident that there was some mischief of the prostate. Dr. Post came out on the 5th of November and made a very thorough examination. He feared that there might be a malignant condition of the prostate, although there was no tenderness, and advised his removal to the hospital, where he was taken the same day. He suffered very much during the night. On November 6th, the supra pubic incision was made. The bladder was not much inflamed, but, in the posterior and inferior portion there was a sack about as large as my finger, which reached down to the rectum. Out of this sack there came a large quantity of pus. The bladder and sack were washed out by various solutions but the saline was the one used principally. The urine was drawn by means of the catheter. He suffered a great deal of pain, the rectal suppository giving him his only relief, and steadily failed from the day of operation until the 15th of November, when he died. There was very little inflammatory action in the bladder. About thirty hours before death he showed symptoms of

uremia. In every way he possessed the best of habits. The peculiar features connected with the case were that he had two brothers who probably died of the same disease, as well as his father, an uncle, and his great grandfather.

PITTS EDWIN HOWES,  
Secretary.

### MEETING OF THE ECLECTIC MEDICAL SOCIETY OF THE STATE OF NEW YORK.

The forty-third annual meeting of the Eclectic Medical Society of the State of New York will be held at Albany, N. Y., on Wednesday and Thursday, April 8th and 9th, 1903.

All societies, auxiliary to the State Society, are requested to send delegates in accordance with the constitution and by-laws of the State Society.

Feb. 2, 1903.

S. A. HARDY, M. D.  
Secretary.  
W. S. DART, M. D.,  
President.

### ECLECTIC MEDICAL SOCIETY OF THE CITY AND COUNTY OF NEW YORK.

New York, Jan. 15, '03.

The regular monthly meeting of the society was held at the college parlors on the above date, Pres. Herzog in chair.

Thirty members responded to the roll-call.

Upon motion the secretary was ordered to send a telegram to the Beachonian Dispensary Ball, extending the good wishes of the society.

Dr. Fusilli was unanimously elected to membership.

Upon a carried motion of Dr. Krausi, a committee of three consisting of Drs. Boskowitz, Krausi and Hardy, to investigate the books presented at previous meeting.

Dr. Heeve the essayist of the evening read a very clever paper entitled "X-Rays," in which he presented his multiple-ball spark-gap also the new Waite spark-gap. The doctor exhibited many radiographs of the different stages of pulmonary tuberculosis also of fractures and lodgements of foreign bodies.

The treasurer's report was read showing a fine balance. It was received and referred to auditing committee.

A letter of invitation was received from the Kings County Society, inviting the Society to be present at their next meeting. A special notice was ordered to be mailed to each member notifying him of the said meeting.

W. H. L.

### KINGS COUNTY ECLECTIC MEDICAL SOCIETY.

The regular monthly meeting of the above society was held at the office of Dr. M. B. Pearlstien, 309 Hewes Street, Monday evening, Jan. 19, 1903. Dr. A. L. Palmitier in the chair.

After the regular routine of business Dr. Heeve exhibited an ultra-violet ray lamp, and demonstrated the double iron electro arc used in this lamp.

Dr. Pearlstien then presented a report of a case of diptheria with complications, which was freely discussed by the members present.

M. B. PEARLSTIEN,  
Secretary.

### NEW YORK SPECIFIC MEDICATION CLUB.

The regular monthly meeting of the club was held in the college parlors January 8. Dr. H. J. Birkenhauer presiding. Dr. Nilsson read an interesting paper on "Nitro-glycerine" which was discussed by a number of the doctors present.

Dr. Birkenhauer reported a peculiar case of twin pregnancy.

Prof. Josephus H. Gunning was unani-



mously elected an honorary member of the club.

There were about thirty members in attendance and Dr. R. A. Toms was elected chairman for the next meeting.

M. SILLO,  
Secretary.

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## QUERY DEPARTMENT.

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Conducted by  
PITTS EDWIN HOWES, M. D.  
Boston, Mass.

All communications for this department should be addressed to PITTS EDWIN HOWES, M. D., 703 Washington Street, Dorchester District, Boston, Mass., and must be received by the 28th of the month in order to be answered in the next number of the REVIEW.

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S. A. B.—Will you kindly, in the next number of the REVIEW—which I read with profit, give me some information regarding the proper diet for those children whose mothers are unable to nurse them?

Infant-feeding is a perplexing question, and one that requires much time, patience and investigation. Each case is largely to be considered by itself. There are many foods upon the market which are admirably adapted to the use intended, such as Malted Milk, Eskay's Food, Mellen's Food, Cereal Milk and a host of others too numerous to mention. Then there are the various preparations of condensed milk, and the numerous pharmaceuticals for aiding digestion, as lactopeptine, peptinzyne, etc. Again we have cow's milk modified and fresh from the herd. All of these products form a host from which must be selected the proper diet for the little stranger. Many times the addition of a digestent, as the lactopeptine or the peptenzyne, to the food being administered will be all that is necessary to make a non-successful food successful. Remember that each case must be treated as an individual one; that what is good for one child may

not be good for another, even in the same family, use your common sense, removing by medication any faults that may arrive and you will win many successes along the line of infant feeding.

E. F. H.—What are the indications and contra indications for the eclectic use of gelsemium?

Gelsemium, and its medicinal use is one of the sheet anchors of eclecticism. This plant and lobelia won many battles for those who fought in the early days for the Reformed Practice of Medicine. While they are both used as a relaxant, gelsemium is employed largely when there is much irritation of the cerebrum, which is indicated by bright eyes, flushed cheeks and a quick and moderately strong pulse. Whenever and wherever you get these conditions you may give your gelsemium with perfect confidence that it will prove beneficial. If, on the other hand, your patient shows an inclination to sleep, the eyes are dull, the face pallid, the pulse soft, compressible, with not much force, the administration of the gelsemium will be followed with grave danger.

G. F. K.—Will you kindly state in the next number of the REVIEW what you would use for chronic enlargement of the tonsils?

The tonsils belong to the glandular system. We have one remedy that acts particularly in that system, and is useful in reducing enlarged glands wherever they may be found—that is phytolacca decandra. For the care of enlarged tonsils this remedy should be used both internally and externally. Add 3s.s. to iv. 5 of water and give 15 doses every hour. Add 5ij to 3ij each of glycerine and water and use several times a day as a gargle. Sometimes there may be other conditions which need to be removed before your enlarged glands will yield to the phytolacca.

J. A. B.—How many grains of the following formula would be required to act

as a laxative, and would it be safe to prescribe it in laxative doses for pregnant women? Sulphur ʒss., pulv. rheubarb ʒij, rochelle salts ʒj, white sugar ʒss., pulv. cinnamon ʒss.

This question has, practically, been answered before. J. A. B. should know that what would be a laxative dose for one person, might be a cathartic dose for another. Also, that a medicine which could be given with impunity to one pregnant female might cause abortion in another. The practice of medicine is not a science of cast iron rules. The temperament, habits and idiosyncrasies of each patient must be taken into consideration when prescribing, and the dose of medicine carefully fitted to each individual case. The practitioner who doses not conform to these rules is more than liable to make mistakes which may cause him much regret.

## ITEMS.

Columbia University lectures in co-operation with the Cooper Union, 1903, in the great hall on Mondays, February 9, 16, 23, and March 2, 9, 16, 23, 30, at 8 P. M. Eight illustrated lectures on the Physiology of the Nervous System and the related parts by John G. Curtis M. D., Professor of Physiology in Columbia University.

I. How we know that the brain is the seat of feeling, thought and will. II. How the nerves work. III. How the muscles work. IV. How we see. V. How we hear. VI. Taste, smell and touch. VII. The involuntary workings of the nervous system. VIII. How our bodies keep their balance. The lectures are open to the public. No tickets of admission are required. The doors will be open from 7.15 P. M. to 8 P. M., after which no person will be admitted. F. P. Keppel, Secretary of the University.

Dr. C. M. Tobyune has moved his office to

Gunning and Grandin's work on the use of electricity in gynæcology, together with a full list of electric books are on sale at the College.

Book reviews have been crowded from this issue, and will appear in the March number.

Dr. M. Grant McGinnis has just purchased a fine X-ray outfit from the Waite & Bartlett Company.

Prof. John T. Sibley is now located at 848 Lexington Ave., where he can be found from two to five o'clock every afternoon.

The publishers are very thankful for the subscriptions and kind words they have received this month.

Fyfe's Essentials of Materia Medica and Therapeutics will be ready for delivery before our State meeting; orders for it will be received at the College.

It costs but one dollar for the REVIEW for twelve issues.

You should have a copy of Wilder's History of Medicine. Write to the College for price, etc.

Many fine papers are promised for our State meeting. Remember the date, April 8th and 9th.

Read the advertisements in this number. You will find some old friends "We patronize those who patronize us."

# THE ECLECTIC REVIEW.

EDITOR: G. W. BOSKOWITZ, M. D.

VOL. VI

NEW YORK, MARCH 15, 1903.

No. 3

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## STATE MEETING—1903.

The members of the State Society have by this time received the earnest call of President Dart for attendance at the meeting to be held at City Hall at Albany on the 8th and 9th of April. For several years these State meetings have been most interesting and instructive, and this year promises to surpass in interest its predecessors.

There is just enough medical legislation to excite and make us watchful, and papers have been promised on interesting subjects by some of our best men. I will mention but a few, so as to have some surprises for the meeting.

Dr. Lee H. Smith will present a paper on "Neuritis of the Musculo-Spinal Nerves" due to injuries from hanging to car straps. This will be illustrated with X-ray photographs. Dr. W. J. Krausi will read a paper on "The Treatment of Syphilis." Dr. John T. Sibley one on "Practical Points on the Power of Suggestion." Dr. W. L. Heeve on "Anti-Toxin." Prof. Josephus H. Gunning on "Modern Treatment of Stomach Disorders." Prof. A. W. Herzog on "Parafine Injection as an Adjuvant to Plastic Surgery," and the old pioneer Dr. Orin Davis of Attica, has promised to give us the history of the early organization of our school in this State.

These are but a few of the good things for this meeting.

Prominent Eclectics in other States have been invited, so make your arrangements to attend, enjoy the change from a busy practice and the satisfaction of knowing and feeling that you are a part of a live healthful organization and that you are doing your share to maintain it.

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 IRREGULAR.

BY J. U. LLOYD.

main so. Nor do we seek to make ourselves regular by any method that partakes of wrong to either ourselves, our friends, the members of other sections in medicine, or the memory of those who are no longer among us.

We have been called irregular so long as to have accepted the word in its fullest sense. Irregular are we in thought, irregular in action, and irregular in our desire to investigate those things the majority ostracises or neglects as being outside the regular field.

We have heard the practice of our friends called quackery by men who do not know us, until we almost respect the word quack. We have heard our medicinal preparations called irregular and our discoveries sneered at as the result of quackery, so long as to almost lead us to wonder how these preparations might act were they labeled regular. We have seen irregular physicians accomplish so much good in their irregular field by means of irregular remedies, that we wonder what they might not perform were they not thus irregular, both in profession and in medicine. Irregular are we in behalf of humanity, we who practice this kind of wholesome therapy.

Not a preparation perhaps stands in the list of our most valued agents but has been forced to run a gauntlet of ridicule, ostracism, attack and defamation. Not an attempt to improve an inferior old compound by careful re-study, or to establish the value of a new drug by clinical investigation, but has been slurred and misrepresented. History repeats itself, and every up step in this direction may be expected to meet the resistance of rivals and antagonists. Evolution such as breeds such irregularity as this, accomplishes a kindness to humanity.

And yet we have no feeling of antagonism against him who calls us names, who indiscreetly blames us because we work and think in a section outside his

Yes, we are irregular, and as long as conditions are as at present, expect to re-

line of thought. No unpleasant word have we to say in return, nor defense to offer other than that we almost wonder how such remedies as this irregular school has developed, and such a practice as this irregular thing Eclecticism has evolved, can prosper in the face of their undeniable irregularity.

But seriously, this resistance from outside has been our best friend and the best friend of humanity as well, for without it we would not have been so watchful, earnest and energetic. By neglect we should surely have made mistakes that would have swamped us years ago, had we not antagonists to spur us to renewed care and exertion. It is to the advantage of the world that we should go on in our irregular method of searching nature's pharmacal field, studying disease expression, and applying our curative processes. —*Eclectic Medical Journal*.

## THE BILL OF THE REGENTS OF THE UNIVERSITY.

In this number of the REVIEW will be found a copy of the Regent's bill which was introduced in the Senate March 5th, by Senator Frederick C. Stevens of Attica, New York.

It is a short bill in plain language. Its purpose being to unify the educational system of the State, under the supervision of the Regents of the University. It abolishes the offices of State Superintendent of Public Instruction and of the deputies of such superintendent, and the powers, functions and duties of such officers are hereby continued and vested in the University of the State of New York.

We ask that every member of our State Society give this bill active support, for if it becomes a law it will place the entire educational interests of the State in the hands of the Board of Regents, where it logically belongs.

## THE REGENTS' BILL.

For the unification of the State educational system, introduced in the Senate, March 5th, 1903, by the Hon. Frederick C. Stevens of Attica, N. Y., State Senator from the 46th District.

An act to unify the educational system of the State under the supervision of the Regents of the University of the State of New York.

The people of the State of New York, represented in Senate and Assembly, do enact as follows:

SECTION 1. The offices of State Superintendent of Public Instruction, and of the deputies of such superintendent are hereby abolished, and the powers, functions and duties of such offices are hereby continued and vested in the University of the State of New York, and shall hereafter be exercised and performed by its regents, or as they shall direct, by their officers and appointees, and the persons other than such deputies now in office as appointees of the present superintendent, and his said appointees shall, subject to the direction and during the pleasure of the said Regents continue in their present positions and receive their present compensation. The present State Superintendent of Public Instruction and his deputies shall be entitled to receive their present salaries until the expiration of the term for which the said superintendent was elected, but they shall hereafter have, exercise and perform only such power and duties as the said Regents shall expressly direct.

SEC. 2. This Act shall take effect immediately.

## CELL CHEMISM.

BY MAX MEYER, M. D.

(Continued from page 42).

The liability of the chemism having passed away, the animal uses the elements

of the plant not for growth but for energy only, hence it became herbivorous because it builds up its body from the living plant-molecules.

A third kind of ovular molecules became higher organized and by the arrangement of its atoms received the power to absorb the living unsatisfied combinations of the animal organism. This specie is called carnivorous animals.

After millions of years these 3 groups developed gradually, and we see every day the above described process repeating itself.

The seed having received from the plant the stored up condensed molecules of incomplete compounds which, after fertilization, will absorb the material, being carried to them by the root. The labil condition passes gradually into stability and the seed therefore cannot enlarge further its combinations, it becomes stronger till they are saturated entirely, its atomic affinities are united and its activity towards the external side ceases, hence the affinities are incapable of binding the elements of the neighborhood neither for self-construction nor for replacement of the necessary energy. The stored up energy within the seed is not latent but moves on towards the crystallization point and we see this fact whenever new grain or hay is heaped up it generates heat. But this heat is not due to the oxygen of the air but to the incessant activity of the ovular molecules, moving from lability to stability. Fermentation does neither play a part in this heat generating process, because fermented grain has no power of germination, while dried grain remains germinable for many years.

We observe similar processes in perennial plants. The young roots of the plant are full of lability and enter into a union with the suitable unsatisfied compounds of the soil. Up to a certain time, it is

immaterial if the roots are in the original soil or transplanted, because their affinities are highly active and attract everywhere the compounds of the surrounding soil. But gradually the lability in the roots passes away, the solidifying point comes constantly nearer, the affinities become satisfied, hence the nourishment is impaired causing death. *Up to this point the plant has lived by virtue of its own energy so that the affinities of its compounds remained active to the last minute.* Exactly the same process goes on in the high organized animal organism. The ovular molecule of the animal body possesses in the first moment a high degree of lability which passes gradually towards the condensation process because the *unsaturated* and free affinities cannot rest.

During coitus all the cells of the body are in a state of high excitability and the ovular cells in both sexes receive an initial impetus which acts similar to an electric spark, therefore the act of reproduction is based upon an electrolytic effect and does not depend upon contact solely. That in the chicken, rabbit and lower animals the initial stages of ovular development up to the formation of the furrow even of the larvae is possible without fertilization is not in contradiction to the electrolytic theory. The chemical compounds of the ovular cells possess such an amount of lability that it causes the development of the molecules to a certain point *but beyond this it is unable* to go, hence the cells cannot grow further on. We have related the fact that ovular cells before fertilization must be able to germinate because they contain maternal as well as paternal atoms, and the influence of air and chemical re-agents must produce development as long as vitality is present. The ovular cells meet with such a force that their molecules regain that amount of energy which they lost during rest. The unsaturated compounds in the ovular ele-



ments are now in the nascent state and possess the highest degree of lability.

These elements are nourished with food-molecules carried to them by the maternal circulation. The food-molecules are in one sense living and of a high lability, hence they will unite with the ovular elements and the majority serves for the construction of the cells and a small amount only for maintenance of their life. But soon the lability of the cell chemism begins to decrease and the chemical constituents gradually crystallize, they are between and betwixt, neither can they unite nor can they become disunited. As long as the organism is not complete it possesses reserve molecules which transform into cells also after the original cells have ceased to develop further.

The latter have travelled a long way towards stability and the former cease soon also. New cells cannot form any more, the old ones become mature, they stand in the centre between the extreme lability and stability, or in other words the cells have arrived at the climax of their life.

But the affinities of the molecules do not rest because they advance steadily to the point of stability and in doing so they loose the ability to bind the food-molecules entirely and the consequence is that the superfluous food-molecules are transformed into fat adhering to the cells. The more the cell advances towards stability the more it looses its attraction for the external world, the cell chemism ceases to act and the consequence of it is the causation of condensation on the expense of the organism itself.

Still the body is living and needs vital energy, therefore it must loose in size and increase in tenacity of the tissues. *This condition marks old age or old age means that epoch where the affinities of a former unsaturated compound of the cell chemism are nearly saturated and unable to bind enough*

*energy of the food molecule necessary for the maintenance of the organism. But as the affinities cannot rest, the organism falls into a defect, consuming itself and preparing its own end as the energies must cease, notwithstanding the supplied nourishment, and the tissues must reach the maximum of tenacity.*

It is evident from the above that in the different stages which the cell chemism has to pass from lability to stability certain landmarks are noticeable. Taking the duration of life in mankind to be 100 years and dividing them into 10 equal parts we will find the following:

In the first stage, i. e., at the end of the first ten years the cell chemism cannot have lost very much of its lability. The open and half open affinities of the atom can easily attract the living food-molecule and unite with it completely, hence the cell chemism must be in perfect activity and highly susceptible for everything.

The second stage, i. e., from the tenth to the twentieth year lability is a little decreased and, therefore, the stable constituents of the compounds are less split up by poisonous substances which nearly destroy the cell chemism in the first stage. From the third to the end of the fifth period the organism must be at the climax of its abilities, because at the beginning of the sixth stage the chemism is exactly in the centre between lability and stability, as the tissues do not possess neither the high susceptibility of the first nor the insufficiency of the last stages. These last five stages must be characterized by the contrary of the first five periods, in the former abnormal stability, in the latter abnormal lability, there is a decrease of assimilation and loss of the cell in size, here a quick union of the food-molecules and growth of the cells, etc. We find all these facts in the human organism and to every physician the high susceptibility of the infantile organism is so well known that two ex-

amples will suffice to bear out our statements.

The maximal dose of tinct. of opium is 5ij per day for an adult, would we divide this amount by the number of years of the child we would undoubtedly cause death, hence the general rule: Child's age divided by child's age plus 12 gives as result the doses. It is well known that one drop of opium tincture in four ounces of water has produced dangerous somnolence in an infant of one year old. An adult may take without fearing consequences, 20 drops as a simple dose of the same tincture, or 10,000 times more opium than a one year old child. But not alone in opium do we find this state of affairs but in all other strong acting medicines, even in alcohol.

Another example is the feverish condition to which young children are disposed. Adults are not affected by the poison producing coryza, as infants under one year of age, in which the temperature rises to 104 and some times more. Here the loose chemical compounds are easily attacked by the most minimal traces of the poison and split up into its components causing heat to be set free which overheats the organism.

The chemical compounds of the muscles in the new-born and in the adult has so far not been investigated, but we may draw our conclusions from the following table.

In 100 parts of muscle tissue are contained:

	Ox.	Calif.
Water . . . . .	77.50	78.20
Solid matter . . . . .	22.50	21.80
Namely: Soluble albumen		
and pigment	2.20	2.60
Glutin . . . .	1.30	1.60
Alcoholic extractive matter .	1.50	1.40

Insol. albumen,		
etc., . . . .	17.50	16.20

In 100 parts of muscle tissue ashes are contained:

Potassium salts . . . .	35.94	34.40
Sodium salts . . . . .	.....	2.35
Magnesia . . . . .	3.31	1.45
Lime . . . . .	1.73	1.99
Potassium . . . . .	5.36	....
Sodium . . . . .	....	10.49
Chlorine . . . . .	4.86	
Iron oxide . . . . .	0.98	0.27
Phosphoric acid . . . .	34.36	48.13
Sulphuric acid . . . . .	3.37	....
Carbon dioxide . . . .	8.02	....
Silicic acid . . . . .	2.07	0.81
Ammonia . . . . .	0.15	....

This table shows that the muscles of the young animal contain more of those constituents which correspond with the lability of the chemism (solid matter: soluble albumen, glutin, sodium, chlorine, lime and phosphoric acid), whereas, the muscles of the old animal contain such substances which answer to the stability (solid matter as alcohol extractive matter, insoluble albumen, potassium, sulphuric acid). A further proof shows the brain of the new-born, which is jelly-like, but the same tissue in the aged is so compact that it can be sliced with a knife. The difference in consistency must correspond with the chemical constitution. But we have not alone a proof in the normal conditions of the tissues, but the pathological state will verify the above.

We pointed out that the infantile cell chemism is easily disturbed by an acute infectious material causing an overheating (fever) of the entire organism and a similar process takes place when a chronic infectious poison enters the interior of the cell, whose nucleus is flooded by the pioson which enters from this point into the nervous system. We can free the organism from the poison whether the disease is acute or chronic, but in the

latter the cell chemism has suffered for a long time, hence solidification of the cell chemism has set in. In old age the cell chemism has become stable, hence it does not admit so easily the entrance of acute or chronic infectious matter into cell life and for this reason the mild acute diseases of childhood occur so very rare in adults. In unhealthy adults a chronic disease cannot set in, and an acute one can develop only if the infectious agent (typhoid, malaria, etc.,) is highly active, but it cannot work very long in the body and produces for a short time acute symptoms which soon disappear without leaving any permanent injury in the organism. But if the cell chemism has been weakened for a long period by a chronic poison the elimination of the solidified compound is difficult. The consequences are, therefore, twofold.

1. The life of the cell and with it the entire organism will be shortened.

2. In the cell will develop such non-inflammatory products which lead to a premature crystallization (degeneration).

The sequelae are necessarily not accidental because the labile cell chemism must bind a more or less large amount of affinities in the cell-molecule as the affinities of the poison have a stronger relation to the protoplasm than to the food-molecule, therefore, those cell-molecules are dead forever, whose affinities have united with the poison.

Are 100 affinities present in the cell-molecule, which act as above supposed 100 years till crystallization is complete, it is evident that in an infected molecule with 30 dead affinities the energy in this will work with 70 affinities for 70 years only, consequently the cell chemism never reaches the normal crystallization point, but its living energy is used up completely within 70 years and works constantly during this time with a deficit. The result of this abnormal process causes pathological products which are mixed with the chron-

ic poison causing amyloid, colloid, lipomatous and pigmentary degenerations which are not accidental, but the result of contamination of the cell chemism by foreign matter.

In summing up we find:

#### *Under normal conditions:*

The *young* cell has a great advantage. By means of its labile chemism it can nearly absorb the entire food-molecule complete, therefore increasing not alone in volume but in strength also.

For the same reason the young blood-cell can absorb with full energy the oxygen in the lungs and transform it into ozone, which oxidizes the food-matter within the cell and thereby furnishing the heat to the organism. Without ceasing the cell approaches the climax of its strength and performs all other functions.

The *old* cell has a disadvantage. Gradually it approaches the crystallization point losing day by day more of its assimilation power showing thereby that the food-molecule is absorbed less, but that volume and strength decreases gradually and that tenacity is continuously increasing. For this reason the old blood-cell can absorb very little-oxygen and transform it into ozone consequently a perverted oxidation of the food, and incomplete heat production results. The constantly increasing solidification of the cell-molecules prevents the cell performing other functions and what it is still able to do, is done on behalf of its soon ceasing energy.

#### *Under abnormal conditions:*

The *young* cell suffers most. Its highly labile chemism is open to every attack and by the smallest amount of infectious matter the compounds become lessened and split up, thereby producing overheating (fever) of the entire organism. A poison which has entered the nervous system infects the entire constitution of the cell and if not removed in time, will be absorbed by the cell chemism destroying soon the life of the cell.

The *old* cell is better off. The high stability of its chemism is under ordinary conditions not easily affected. Especially the nerve circulation offers a strong resistance to every infectious material. But the blood circulation also is not attacked so quickly because the infectious material is generally repulsed, hence solidification offers the best protection to the old cell against attacks from without.



## CHIMAPHILA UMBELLATA.

BY O. H. RHODE, M. D.

The leaves of this plant, an humble but beautiful evergreen, are found in the north of America, Europe and Asia. They contain a certain tannin and a neutral principal colorless, bitter and crystalline, and a colorless, tasteless substance, in yellow crystals, termed Chimaphila. When the leaves, fresh from the plant, are bruised and applied without the usual steeping, slight irritation is always noticed. The whole plant is active though leaves and stems only are found in the shops. Boiling water extracts the active properties, they are also imparted to alcohol.

Do not be misled by the term Chimaphila—the active principle is in the leaf as a whole, though the stem has the greatest pungency.

*Physiological Action, Indications and Therapy.*—Chimaphila is alterative, diuretic, tonic and astringent. It has no action upon the heart. It is to be remembered that small doses only are meant.

When used in large doses it becomes obnoxious to the stomach causing nausea and irritation, which prevents any action on the system.

It acts on the system as an alterative in scrofula, both before and after ulcerations.

In rheumatics, as a diuretic, eliminating the system of stagnant matter through the lymphatics and the portal circulation by direct action on the liver.

In incipient tuberculosis, by purifying the blood and acting upon the mucous membranes, it checks impending phthisis and a strenuous diathesis.

In disorders of the digestive apparatus, it removes effete accumulations, overcomes tenesmus, and gives tone and vigor to absorbing glands.

By its combined action on the portal circulation and lymphatics, it relieves stranguary, and removes muco-purulent secretions

of kidneys and bladder. To sum up its action in a compact form, it is used then to fullest advantage in scrofula, rheumatism, dropsy, gonorrhoea, gravel, buboes, stranguary-puerperal-peritonitis, leucorrhoea and chronic ulcer.

It has a special influence on the lymphatics carrying off all effete matter, stimulating the liver to normal action. It will check ravages of phthisis, incipient and chronic cancer. Diseases of the genito-urinary tract, chronic diseases of genito-urinary membranes, with scanty urine, muco-purulent sediment and vesical tenesmus, frequent micturition, with smarting pains, and chronic vesical catarrh.

It was formerly, and is at present, in some parts of the country, only used in decoction. At present it is used in a syrup, using a good fluid extract, as in the following formula:  $\mathcal{R}$  Fld. ext. chimophila umbellata  $\mathfrak{z}$ ijss, syrup simplex  $\mathfrak{z}$ xiv; dose from  $\mathfrak{z}$ i to 1 tablespoon 3 to 4 times daily before or after meals as indicated. It is best to begin on small doses gradually increasing as its effects are noticed on the system.

Brooklyn, N. Y.

## THE DE TRUAX SANITARIUM.

BY JOHN URI LLOYD.

In the February number of this journal, I called attention to the fact that we of the North in the long winter months crave a touch of Southern air and a breath of open warmth. In this connection it may be added, some desire a country setting, while others need or prefer the conveniences of a city. Indeed, in some instances, an invalid demands opportunities such as can only be found in a modern city with outlying railway conveniences and cosmopolitan accommodations.

In such a case, Atlanta affords features most desirable, and in the early spring or early fall presents in addition climatic attractions touchingly grateful to persons

as far north only as this section. The change in temperature a few hundred miles south of the Ohio brings, is most surprising.

But the next question is, where shall an Eclectic physician turn who desires for a patient just such an opportunity as good care and attention under his own system of medicine could give, in a city like Atlanta? This question I would answer by saying that the De Truax Sanitarium is conducted by two physicians of our school, in whom I have confidence, and who also possess the goodwill of our people in the South. Dr. H. E. Truax and Dr. Florence Tippet Duvall, editors of the *Georgia Eclectic Medical Journal*, conduct the institution, Dr. W. M. Durham being consulting surgeon and Dr. J. H. Goss, consulting physician. These physicians vouch both for its local standing, advantages, and the medication. In this connection I will add, that in reply to my questions concerning the Sanitarium, Dr. Duvall wrote as follows, which expresses conditions better than I could do:

"We founded the De Truax Sanitarium to establish the fact that Eclectics would furnish means of treatment superior to other schools of medicine. We have maintained the Sanitarium in the face of much opposition and intense prejudice. In spite of all this, the Sanitarium has become popular. Kindly medication, gentle treatment, and the cosy home, have won the day. We feel that we have accomplished the object for which we contended, and that, too, in the spirit which, I think, should characterize the course of all Eclectics, not 'by might nor strength,' but by honest effort and fair, just means, rather than by abuse and unkindly speech and conduct."

The treatment, it is seen, will be along the kindly lines of modern Eclecticism, the care such as may be depended upon

when given in accord with modern sanitary methods.

As indicated in our last, there are many desirable Southern localities, but when the question arises as to where a friend or patient can be located, so as to obtain the proper accommodations in connection with the kindly treatment of our school, a problem arises. This problem, I believe, may be answered in the case of one wishing a homelike Sanitarium in a city of the Central South, by addressing either of the physicians named herein for particulars and terms. If this article serves the interest of any of our Eclectic physicians of the North, the writer will be much pleased.

#### LYCOPodium CLAVATUM.

BY HERMAN SCAISON, M. D.

The remedy which I bring before you to-night for discussion, is one which does not receive the proper consideration due it from the medical fraternity. In fact a very small percentage knows anything more about it than the mere name.

Its botany, its physiological and therapeutical value is equivalent to naught with 99% of practitioners. In fact it receives but little consideration by writers on *Materia Medica* and *Therapeutics* of the day. Yet, it is officinal in the U. S. Ph. of most all countries.

*Lycopodium*, also called the vegetable sulphur or club moss is derived from the different species of *lycopodium* (nat. ord, *lycopodiaceae*, the *L. complanatum* and *L. annotinum*.)

The plant is a native of Europe and America. It has a trailing branching stem about ten feet long and thickly beset with small, linear-lanceolet, ribless leaves of a yellowish green color. The flowers or fruit are on a long stem in terminal spikes in pairs of fours, covered loosely with ovate pointed scales, at the base of which, in its corners, it has the Kidney shaped capsule containing, at its matur-

ity, the seeds or spores, about the only part of the plant used in medicine. And it is this that constitutes the officinal part of the plant. Lyc. is a very fine, dust-like, pale yellowish powder, tasteless and inodorous, floats upon water but does not mix with it. When the finger is inserted into a glass of water containing the lyc., floating on the top, the water will not touch the finger. This is due to a fatty substance which surrounds the spores. When thrown into a flame it will burn with lightning rapidity, making considerable noise. It mixes and adheres readily to other substances except water though its specific gravity 1.064 is heavier than water. Yet the spores do not adhere to each other and this accounts for its mobility.

The construction of the spores of lyc. is very similar to the starch cell, yet it does not contain any starch, proof of which is the iodine test. It is very often adulterated with starch, ground yellow peas, sulphur, talcum and ground rosin, all of which can easily be detected by the various tests for said substances.

The contents of the spores of lyc. are fatty oil, volatile oil, sugar, a mucilaginous substance and pollenin, a powder obtained by treating lyc. with water, alcohol, ether and potash.

When burnt the ashes which amount to about 5 per cent., contain alumina and phosphorus.

The preparations are:

Pulvis lycopodii.

Tinct. lycopodii 5 to 20 drops.

Spec. lycopodii 1 to 15 drops.

The physiological action of lyc. is said to be of a soothing nature to the sympathetic nervous system, and in this way controls the functions of all organs supplied by the sympathetic nervous system. The reason why this agent has not been more freely used can only be explained in that it can not give up its constituents and active principles unless carefully prepared.

As stated it does not mix with water but when triturated in its dry state in a mortar, the cellulose, forming the covering of the cell, will be ruptured, thus allowing it to mix with water or any menstruum. Unless prepared in this way it will give no results, since the cell serves to pass the system without undergoing any changes.

Lyc. is an antispasmodic, diuretic, and antidiarrhoel. It has been used with success in catarrh of the bladder, painful micturition in gonorrhoea, and incontinence of urine when due to an excess of uric acid. Also very beneficial in gout and rheumatism, in that it has a tendency to diminish and overcome the uric acid.

In dyspepsia due to the formation of gases in the stomach, producing tenderness on pressure over the region of the stomach, an emulsion of lyc. will act almost as specific.

Nausea and vomiting, when due to reflex action of the sympathetic nervous system, also headaches due to the same cause, have yielded to lyc.

Stranguria and flatulency in children, especially in infants, is greatly benefitted by it and why it is especially commendable is that it is harmless and has no after effects whatsoever.

In incontinence of urine of a nervous character so common with children, it has no equal. I have also tried it with considerable success in hysteria in women, but I always like to dispense it myself, so that I know what the patient is getting. I have never tried the specific lyc. and have had no results with the tincture.

Externally it is used extensively as a dusting powder for chafed surfaces, especially in infants, and for excoriated nates.

Used in cases of eczema and other skin diseases where a dry moisture-absorbing powder is wanted.

It has also been applied with good results in the shape of a salve.

In pharmacy it is used as a conspergium



for pills, to prevent them from adhering to each other.

New York City.

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## THERAPEUTICS.

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Edited by  
JOHN W. FYFE, M. D.

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All articles for this department should be sent to Dr. J. W. FYFE, Saugatuck, Ct.

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### LA GRIPPE.

The sudden development of a peculiar sickness known (for some not easily understood reason) as la grippe, has within a few years become of frequent occurrence, and led many able investigators to endeavor to ascertain its origin. Their labors, however, have not thus far resulted in placing its cause in a position entirely free from doubt.

In an able and exhaustive article by Dr. C. W. Eckermayer the symptoms of this troublesome complaint, and its rational treatment, are given in substance as follows:

Among the distinctive symptoms are soreness and pain from the crown of the head to the soles of the feet, scalp sore, headaches from the occiput to the brow, eyeballs and eyelids sore, conjunctivas congested, nose sore, nasal mucous membrane congested and discharges abundant, secretion varying in character, a perversion or loss of the sense of smell, earache, faceache, neuralgic pains in various parts of the body, nausea, vomiting, diarrhœa, visceral irritation, pain along the spinal cord, extreme muscular soreness, boneache, often severe, great prostration of strength. The temperature, pulse and the conditions and expressions of the tongue vary in different subjects. These are the symptoms in general, but they are not all present in each case, some stand out conspicuously while others are slight or not at all.

As complications, pharyngitis, laryngitis, trachitis, bronchitis, pneumonia, pleuritis, pericarditis and gastritis are not infrequent.

*Treatment.*—The mascot in the management of this great "What is it?" that has staggered the medicationists who follow in the beaten paths of prescribing according to known nosology, is the specific medicationist, for it matters not to him whether a few stars or planets should so affect the atmosphere that we mortals breathe, and change our fluids into an excessive acid condition, thus producing la grippe, or whether a few infinitesimal bug sailing about should be so unfortunate as to be drawn into the bronchi of a human being and there thrive for a few days, create a poison, which, when entering the circulation, attacks the cerebro spinal system, which from a want of proper innervation due to whatever cause, becomes dethroned and the sympathetic attempts to conduct business on its own accord; for all these conditions combined or singly can avail naught, because his system of prescribing is based upon specific diagnosis.

By specific diagnosis we understand the ability to recognize symptoms which call for the administration of specific medicines which will correct the wrong condition and restore health. What specific medicines have we and what are the wrong conditions (symptoms) of this great "What is it" that these specific medicines will correct?

*Sp. Gelsemium.*—Aching pains all over body, deep-seated muscular pain, loss of power of muscular control, great prostration, fever, flushed face, bright eyes, contracted pupils, hot head, determination of blood to brain, restlessness and irritability, chilliness, dizziness, general headache, drooping of the upper eye-lids with inability to raise them, darting neuralgic pains, earache, faceache, intercostal neuralgia, severe pain in back, sneezing, water discharge from the nostrils, especially the right, sore throat extending into the ear, most often on the right side, hoarseness, convulsive cough,

soreness in the chest and lungs, oftener in the right side, stitches on full inspiration, periodical pain in the pectoral muscles.

Dose: 10 to 30 gtt. to water oz. iv. Teaspoonfull every hour or two teaspoonfulls every two hours.

*Sp. Bryonia.*—Pain, stabbing, tearing, vertigo, splitting frontal headache, often extending to the nape of neck and down between shoulder blades, stitch-like pains in the joints, often swollen, intense pain along the sciatic nerve extending into the calves and feet, all affected parts sore and tender to the touch, all conditions greatly aggravated by motion, so much so that the patient remains almost motionless, eyes smart and burn, eyeballs sore, eyes almost stationary on account of the pain which is increased by motion, nostrils burning, red and swollen, acrid discharge from nostrils, dark flush on right cheek, great thirst, dry spasmodic cough, aggravated on motion, burning and stitching in the chest, soreness over the chest on inspiration, rapid and short breathing on account of increased pain on motion, pleurisy or pneumonia. Dose: 5 to 10 gtt. to water oz. iv. Teaspoonful every hour or two.

*Sp. Rhus.*—Soreness of the scalp and aching in the occipital protuberance, sharp frontal headache, mostly on the left side, sharp pain over the left eye, bright flush on left cheek, tongue pointed, deep red and often dry, triangular space at tip very red and the papilla prominent, sordes on the lips and teeth, aching of the bones, soreness of the aponeuroses, ligaments, sheathes of nerves synovial membranes and tendons of the muscles, (pains of rhus are burning in character); aggravated by motion and before a storm, great thirst, sneezing, scalding and burning discharge from the nostrils, cough dry, bronchial coughs of old people. Dose: 5 gtt. to water oz. iv. Teaspoonful every hour or two hours.

*Sp. Sticta.*—Great uneasiness, general tired feeling, prostration, a stitching, burning or biting pain all over the body, darting,

stinging pain in the temporal region, heavy pressure in the forehead and root of the nose, burning of the eyelids, sore eyeballs on closing the lids, pain from the base of the brain down the neck to the scapulae and in the space between them, cough hard, dry, barking, racking and hollow, the mucous membrane dry like leather, swallowing difficult on account of dryness. Dose: 5 to 10 gtt. to water oz. iv. Teaspoonful every hour or two hours.

*Sp. Eupatorium.*—Aching of the bones, bones pain as if they would break, great soreness of the entire body, throbbing pain in the head, soreness of the eyeballs, severe aching of the orbits, sneezing, hoarseness, soreness of the larynx, violent hacking cough, soreness and rawness in the bronchi, grating sensation in the chest on inspiration, oppressed breathing. Dose: 20 to 30 gtt. to water oz. iv. Teaspoonful every hour or two hours.

*Sp. Macrotys.*—Muscular soreness, especially in fleshy parts of the muscle, severe pain in the scalp, severe pain in the forehead, a sensation as if the top of the head would fly off, brain feels oppressed, pain at base of skull as being pierced, stinging pains in the eyeballs and eyelids; sleeplessness, nervousness, fluent watery discharge from the nostrils, increased secretion of tears, frequent sneezing, soreness and roughness in the throat, difficult swallowing. Dose: 20 to 30 gtt. to water oz. iv. Teaspoonful every hour or two.

*Sp. Arnica.*—Muscles and tendons sore and painful, increased by motion, a bruised sore feeling all over the body, backache, feels as if sprained or bruised, feeble respiratory power, often want of control of excretion of feces and urine. Dose: 10 to 20 gtt. to water oz. iv. Teaspoonful every hour or two hours.

*Sp. Collinsonia.*—Venous engorgement, enfeebled capillary circulation, a sluggish venous system, catarrhal condition of mucous membrane, pharyngitis, laryngitis, tra-

cheitis, bronchitis, gastritis, diarrhœa, dysentary, catarrh of the renal, visical and genito-urinary organs. Dose: dr. i in three ounces of water. Teaspoonful every two hours.

The foregoing specific medicines will meet almost all of the symptoms that arise in this disturbing "What is it?" if properly selected, with the exception of excessive fever or septic conditions, when the following are indicated:

*Sp. Aconite*.—Fever early in the attack, hot and cold flashes, small, frequent wiry pulse, dry hot skin, restlessness. Dose: 3 to 5 gtt. to water oz. iv. Teaspoonful every half hour or hour, or in alternation with other properly selected specific medicines.

*Sp. Veratrum*.—Fever with great arterial excitement, large, frequent, full and strong pulse, deep red streak down the center of the tongue; this red streak often becomes dry, if the tongue is coated the coating is on both sides of this streak. Dose: 15 to 20 gtt. to water oz. iv. Teaspoonful every two hours or in alternation with other properly selected specific medicines.

Should sepsis arise, we look to the tongue. It is a good guide of the condition of the blood, for here the circulation is very free and superficial, leaving its exudation and color for our inspection.

*Bicarbonate of Soda*.—Broad, pallid tongue, pale mucous membrane. Dose: small quantity added to water to make pleasant drink to be taken at frequent intervals until the condition improves. Also an alkaline bath of which it should be the main ingredient.

*Sulphite of Soda*.—Mucous membrane pale, a light coated pasty or dirty pallid coating on tongue; also pale and broad. Dose: 10 to 20 grains every two hours in alternation with other selected specific medicines.

*Sulphurous Acid*.—Tissue full, color of membrane not deep, dirty or muddy coating on tongue overlying a normal color. Dose:

sulphurous acid 1 part to 9 parts of water. Teaspoonful every two hours.

*Nitric Acid*.—Violet color of the tongue. This color appears like a film upon the surface and a deeper than natural color appears on the tongue below this film. Dose: 10 to 20 gtt. in two ounces each of water and syrup. Teaspoonful every two hours in alternation with other indicated specific medicines.

*Sp. Baptisia*.—Moist, pasty fur on the tongue, fullness of the mucous membrane, mucous membrane of the mouth and throat a dusky red, the skin on face and neck as if exposed to severe cold; a dusky red, has a besotted look, great prostration, a soreness as if pounded, a feeble capillary circulation, tendency to ulcerate in the mouth, throat, stomach, bowels, typhoid conditions with the above indications. Dose: 10 to 20 gtt. to water oz. iv. Teaspoonful doses in alternation with other indicated medicines.

*Llyd's Echafolta*.—To correct blood depuration in all its various forms.

#### PODOPHYLLUM.

In an article published in the *Georgia Eclectic Medical Journal*, Dr. A. J. Mann in substance speaks of podophyllum as follows: For biliousness indicated by inactive liver, sallow skin, icteric conjunctiva, "bilious urine," congested liver, pain in hypochondriac region, and under right scapula, its place cannot be filled with any other remedy. Its value and therapeutic power is greatly enhanced by being combined with leptandrin, especially in cirrhosis of the liver. It stimulates persistalic activity by irritation and relieves constipation. Dry and scybalous stools, colicky pains, fullness of abdomen and accumulated faeces are relieved by its use. It is valuable in hemorrhoids when given in conjunction with collinsonia and other indicated remedies. It will break up recurrent attacks of "bilious colic," if prescribed with dioscorein, leptandrin and sodium bicarbonate, followed by chionanthus to



dissolve the calculi, and prevent their formation. In skin diseases it is also efficacious, being curative by its action on the blood, in eliminating morbid material from the same. But it must be given, I repeat, in small doses to meet its indications and get good results, for it is, like many of our other well selected agents, much abused.

### POISONING.

(Continued from page 49).

#### GASES, IRRITANT.

The principal acid poisonous gases are chlorine, hydrochloric acid gas, nitrous acid gas and sulphurous acid gas. When largely diluted these gases can be inhaled, but not when pure.

#### CHLORINE.

Any attempt to inhale chlorine when pure would prove fatal, by closing the glottis and causing asphyxia. Diluted it excites extreme irritation of the air passages, cough, difficult breathing and inflammation.

#### HYDROCHLORIC ACID GAS.

In its concentrated form, this gas is irrespirable, and even when greatly diluted causes great irritation of the lungs and air passages.

#### NITROUS ACID GAS.

This gas is a violent poison when inhaled, producing inflammation of the lungs and air passages. It has caused death when given off from nitric acid.

#### SULPHUROUS ACID GAS.

This gas is one of the products formed by the combustion of most samples of ordinary coal. Dissolved in water it is used in medicine. It is very irritating when inhaled.

*Treatment.*—The treatment of the results of inhaling irritant gases principally consists in the removal of the patient to a place where pure air can be inhaled. The cautious inhalation of ammonia, ether, or the vapor of warm water, is useful.

#### HELLEBORUS NIGER.

*Diagnosis.*—In poisoning by this drug there is vomiting, purging, vertigo, cold

sweats and a collapse resembling that of malignant cholera.

*Treatment.*—Emetics and laxatives should be given, and followed by stimulants.

#### HYDROGEN, CARBURETTED—COAL GAS.

Coal gas when mixed with air and inhaled cause death by asphyxia.

*Diagnosis.*—If a person who has inhaled coal gas is aroused before a fatal quantity has been inhaled, the chief effects are intense headache, labored and oppressed breathing, quickened action of the heart, nausea and great loss of power.

*Treatment.*—The first thing to be done in this class of cases is to remove the patient into open pure air. The case should then be treated on general principles, according to the symptoms and specific indications for remedies.

#### HYDROGEN, SULPHURETTED.

The odor of this gas resembles that of rotten eggs. It is a very active poison, and when breathed in a diluted state it soon causes insensibility and death. Usually it is met with in combination with other gases resulting from the decomposition of animal matter.

*Diagnosis.*—Persons working in atmosphere contaminated with sulphuretted hydrogen gas suffer from giddiness, nausea and weakness. If an appreciable amount of this gas has been inhaled, the sufferer will speedily become insensible.

*Treatment.*—In acute cases there can be but little hope of recovery. The patient should be quickly removed into the open air and stimulants freely used. Some authorities advise the use of chlorine gas well diluted with common air.

#### HYOSCYAMUS NIGER.

*Diagnosis.*—In large doses hyoscyamus causes giddiness, excitement, sense of weight in the head, trembling of the limbs, general loss of power, dilated pupils, double vision flashing of light before the eyes, and great drowsiness, ending in coma. If vomiting takes place, these symptoms pass off, but it

not, there may be fierce delirium, loss of speech, complete loss of power over the limbs, cold sweats and exhaustion.

*Treatment.*—The stomach pump should be promptly used, or stimulating emetics (such as the sulphate of zinc) given at once, and followed with full doses of castor oil, so as to get rid of the poison as quickly as possible.

#### IODINE.

Iodine is an active poison, but its effects are not always the same. Some persons are violently affected by two or three grains, or even less, of the iodide of potassium, while others experience no injurious effects from half drachm and drachm doses.

*Diagnosis.*—In acute poisoning by iodine itself there is an acrid taste, tightness about the throat, pain in the epigastrium, vomiting, diarrhoea, great thirst, headache, and syncope.

*Treatment.*—Vomiting should be encouraged by giving large quantities of arrowroot and starch water. Starch water injections should also be given.

#### IRON, SULPHATE OF.

The sulphate of iron has caused death, when taken in large doses. It is sometimes taken to procure abortion. The perchloride of iron is also sometimes used for the same purpose. They both produce alarming symptoms.

*Diagnosis.*—When large doses of either of these preparations have been taken there is pain in the stomach and bowels, faintness, cold skin, feeble and irregular pulse, and all of the symptoms usually caused by a not over powerful irritant.

*Treatment.*—Magnesia should be given at once, and this should be followed by a liberal use of dilutents.

#### LEAD.

Cases of poisoning by the acetate of lead, subacetate of lead, and carbonate of lead are not uncommon. The subacetate of lead is more powerful than the acetate, and consequently the symptoms of poisoning produced

by the former are more severe than those caused by the latter.

*Diagnosis.*—In poisoning by the lead preparations there is a sense of constriction in the throat and at the pit of the stomach, crampy pains in the region of the umbilicus, stiffness of the abdominal muscles, paralysis of the lower extremities, scanty urine, a deep blue line around the gums, and usually constipation. Occasionally there is diarrhoea and vomiting, with cramps and convulsions.

*Treatment.*—The sulphate of soda or the sulphate of magnesia dissolved in water should be freely given. Milk or milk and eggs should also constitute a part of the treatment. If free vomiting does not take place, an emetic of the sulphate of zinc should be given, or the stomach pump used.

#### LEAD POISONING, CHRONIC.

*Diagnosis.*—In chronic lead poisoning there is a blue line around the gums, and the gums bleed from slight causes. The patient loses flesh, the countenance is pallid, the blood poor, the pulse feeble and quick, the bowels very constipated, and there are frequent attacks of colic which are relieved by pressure. The urine is scanty and rheumatic pains are frequent and severe. As the condition progresses there is a considerable weakness of the hands, wrists and arms, ending in the paralysis known as "wrist-drop," the paralysis gradually extending up the arms.

*Treatment.*—The bowels should be kept open by the use of sulphate of magnesia or the sulphate of soda, and diluted sulphuric acid should be administered. The iodide of potassium, in five to ten grain doses three times a day, is the most approved remedy. Galvanism to the paralyzed limbs is also recommended.

Persons engaged in the manufacture or use of the compounds of lead should observe great cleanliness, and drink freely of diluted sulphuric acid or lemonade. They should also take an occasional dose of the sulphate of magnesia.

(To be continued).

## DRUNKENNESS CURE.

The strong claims for the efficacy of a certain extensively advertised remedy for drunkenness led Dr. Henry Heffmann, of the *Philadelphia Medical Journal* laboratory to a curiosity to determine what it contained. Some of these remedies, as is well known to physicians, are merely alcoholic preparations, others contain tartar emetic. The article in question sells at one dollar per box, containing twelve powders, each weighing about nine grains. The powder gave no evidence of any of the ingredients expected. On being heated in a platinum crucible, it charred, emitted an odor of burnt sugar and finally burned away leaving but a trace of ash. No antimony nor mercury compound was present. Ammonium chloride was detected. There was no alkaloid nor alkaloidal salt. The only materials that could be found were *milk sugar* and *ammonium chloride*.

## NOTHING NEW.

As an example of careless lay writing on medical topics we commend a recent article in *Harper's Weekly*. The writer is mildly critical of Christian Science—but still he is evidently impressed with the belief that this foolish craze is something entirely new. Speaking of Mrs. Eddy, he says: "Somehow she has got hold of some important truths which the regular doctors have missed."

Of course, such an admission is just what the Christian Scientists want. And, of course, the admission is absurd. There is nothing new in Christian Science—nothing that has not been known ever since Moses set up his brazen serpent in the wilderness, or since the worship of Aesculapius was conducted at Epidaurus amidst scenes of classic splendor. It is the same old scheme of trifling with religious credulity, and working a faith-cure mill—a scheme as old as the race and as hollow as a pumpkin that has gone to seed. A "Journal of Civilization" should not publish such nonsense.—*Philadelphia Medical Journal*.

## SPECIFIC MEDICATION.

The following extract from a letter recently received will serve as a very good sample of many others which come to me from members of the older school of medicine. These letters are received with pleasure and promptly answered, for they contain evidence of the fact that our rational system of therapeutics is attracting the favorable attention of the entire profession. There is not the least doubt in my mind that specific medication will eventually become the universal system of therapeutics:

DEAR DR. FYFE:—I have recently become interested in specific medication, and in looking over some printed matter received from Lloyd Brothers, I find that you have written a book on *Materia Medica and Therapeutics*. Will you kindly tell me where I can purchase a copy of your book? Will you also recommend a good work on Eclectic practice to me, a graduate of the old school (University of Pennsylvania)?

————— M. D.

—————, New Jersey, Feb. 27, 1903.

It has been found that when boric acid was used as a preservative in meat, it was employed in large amounts. While its presence does not prevent putrefaction entirely, it conceals putrefaction to a certain extent. No antiseptics are good preservatives. Therefore, meat should be prepared aseptically, not antiseptically. No bacteria can be found in cooked meat. But boric acid is a poison, and becomes dangerous when present in very large quantities.

There are times when every physician is obliged to write prescriptions which provide for doses sufficiently large to produce a prompt and forcible influence. In such cases the young doctor usually feels safer to employ prescriptions which more experienced practitioners have found efficient and free from danger. In order to meet this want of the young physician Prof. Boskowitz has compiled and had published in *Fyfe's Mod-*



*ern Materia Medica* a formulary which alone is worth vastly more than the \$2.00 charged for the entire book. The work can be obtained at the college office, 239 East 14th street, New York, or of the publishers, The Scudder Brothers Co., 1009 Plum street, Cincinnati, Ohio.

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### SOCIETY CALENDAR.

National Eclectic Medical Association. Meets at Indianapolis, on June 9th to 11th, 1903. J. D. McCann, M. D., president; Finley Ellingwood, M. D., secretary.

Eclectic Medical Society of the State of New York. Meets at Albany, April 9th and 10th, 1903. W. S. Dart, M. D., president; S. A. Hardy, M. D., secretary.

Massachusetts Eclectic Medical Society. Meets first Thursday and Friday of June, in Boston. Lillian G. Bullock, M. D., president; Pitts Edwin Howes, M. D., secretary.

Eclectic Medical Society of the City and County of New York. Meets third Thursday in each month at 239 East 14th street. A. W. Herzog, M. D., president; W. L. Heeve, M. D., secretary.

Kings County Eclectic Medical Society. Meets third Monday in each month; Nov. meeting at the office of Dr. M. B. Pearlstien, 309 Hewes street, Brooklyn. A. L. Palmiter, M. D., president; M. B. Pearlstien, M. D., secretary.

New York Specific Medication Club. Meets second Thursday in each month at 239 East 14th street. V. Sillo, M. D., secretary.

Boston District Eclectic Medical Society. Meets the third Tuesday of each month, excepting July and August, at "The Thorndike" Boylston street. Lydia Ross, M. D., president; Pitts Edwin Howes, M. D., secretary.

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### NATIONAL ECLECTIC MEDICAL ASSOCIATION.

TO THE ECLECTIC PHYSICIANS OF THE UNITED STATES.

The men appointed to do section work and whose names are here given are all at work. Let me bespeak for them a generous response from each of you. The second day will be the banner day for Eclectic medicine in all the history of the National.

The last hundred minutes will be given to short speeches. The speech to be some central, burning, seething, active opinion of proven worth about a drug that will perform a certain specific work. Study out your speech now, doctor, write it out on paper, cut out all superfluous words. Write

it again, then boil it down to the short time allotted to you and our short-hand reporter will have a *materia medica* for our next transactions of such vital and specific importance as the medical world has not dreamed.

Everything promises well for our June meeting and every doctor is willing to help the cause, and is writing words of encouragement.

Let me urge you to help your respective State Secretaries in the plan to *organize* thoroughly. Send him the information asked immediately on receipt of the blanks furnished.

Respectfully,

J. D. McCANN, M. D.

President.

Monticello, Ind.

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### BOSTON DISTRICT ECLECTIC MEDICAL SOCIETY.

Boston, Feb. 17, 1903.

The regular meeting of the Boston District Eclectic Medical Society was held this evening at "The Thorndike," dinner being served at 7 o'clock.

Dr. A. W. Brown was elected president pro tem and after the regular routine business, Dr. Pitts Edwin Howes spoke as follows, concerning the use of gelsemium.

I bring to you to-night some thoughts upon an old and tried remedy, among Eclectics, which I trust may prove interesting and profitable.

Gelsemium, or the yellow jasmine, is indigenous to the southern parts of the United States. Its luxuriant foliage, beautiful flowers, and delicious fragrance causes it to be used extensively as an ornamental vine in the South.

A preparation made from the green root provides the best form of the drug. In fact this is the only reliable form, all others being more or less inert. Those who use the specific tinctures of Lloyd

ant drugs that we use in our endeavors to cure disease. Were we confined to the remedies that we could name on the digits of our right hand, gelsemium would be one of the five.

It used to be spoken of as sedative, fibrifuge, anti-spasmodic and narcotic. While I do not deny that the drug possesses all of these qualities, I believe that we will be in a better position to use it understandingly and successfully if we simply remember it as an *anti-irritative*, if I may be permitted to use the word.

All the various cases of poisoning, and the results of the administration of large doses of gelsemium show, beyond a doubt, that this drug acts exclusively upon the nervous system, thereby causing a complete relaxation of the muscular tissues. This effect is more pronounced upon the motor nerves than the sensory.

This fact is the key note for the use of gelsemium in the elimination of those conditions which are the result of irritation of the motor fibres of the cerebro-spinal, and spinal systems. Whenever you find, in any disease—no matter what its name may be, an irritation caused by the contraction of muscular tissues supplied by motor nerves, you may administer this remedy with the positive certainty that it will relieve the abnormal condition.

The well known indications of John M. Scudder—flushed face, bright eyes, contracted pupils, with increased heat of the head and excited innervation—are the direct symptoms. These are indicative of and are caused by irritation of the motor nerves.

While the use of gelsemium is primarily, as before stated, for the relief of irritation, and may be, and should be given with that end in view, still there is another method of use which should not be overlooked. Many times this use of the

drug is the difference between success and failure. I refer to its administration in combination with another remedy whose indication is more pronounced.

The late E. Edwin Spencer, M. D., many years ago taught us—the Eclectics of Mass.—that, by the addition of gelsemium to our hypodermic injection of morphia, we obtain much better results than when the morphia was administered alone. Not only that, but a smaller amount of morphia was required to produce the same result.

For a number of years I have been experimenting in this combined use of the gelsemium. I am sure that in all instances—unless there are strong indications against it—the addition of the gelsemium is productive of good.

For instance, if I have a patient with the symptoms which point strongly to the use of drosera; by the addition of gelsemium, I get quicker and more lasting results.

Again a condition of the throat presents itself which calls for collinsonia; a little gelsemium in the prescription will please both the patient and yourself.

An unmistakable state of the stomach demands the use of nux, and the gelsemium helps wonderfully in the relief, and the building up of a stomach that will act in accord with the needs of nature.

Your patient tells you of an almost uncontrollable diarrhoea. Again gelsemium will assist the remedy directed against the diarrhoea.

The addition of gelsemium to your anti-rheumatics will greatly intensify their power for good.

In all those remedies principally used for diseases which are peculiar to females, as macrotys, helonias, pulsatilla, caulophyllum, viburnum, etc., the gelsemium aids materially in producing the desired result.

I might mention many more remedies,

Bros. will have no reason to regret their purchase.

Gelsemium is one of the most important where the combination with the gelsemium would be advantageous, but I have suggested a sufficient number to enable you to grasp my idea.

Perhaps you will ask in regard to the amount of gelsemium added to the other medicine. I have had the best results from small doses. I usually add from five to fifteen gtt. to my four-ounce mixture, and give in drachm doses every half hour, hour or less frequently as I determine the case may require. I believe that your acute cases will need doses often repeated, while the chronic ones will be best treated with longer intervals between the medication.

With these two facts concerning gelsemium firmly fixed in your mind—that the drug is an anti-irritative, and that it is useful in all conditions and diseases in combination with other remedies, *unless strongly contra indicated*—I am of the opinion that a more frequent use of gelsemium will be productive of good to both interested parties—the patient and physician.

Among the cases where the primary use of gelsemium is indicated—and here the larger dose is permissible, from five gtt. to twenty gtt.—I would mention convulsions in children, from whatever cause, and the fevers generally.

It is an excellent adjuvant in many obstetrical cases. The firm rigid os will yield like magic to the administration of fairly large sized doses of gelsemium.

During my study of this drug, I have found one diseased condition, which yielded to the gelsemium, that is rarely mentioned by those writing upon this drug—paralysis agitans. Cases were reported which had been cured by this remedy alone if persisted in for a sufficient length of time. Doses of ten gtt. were given in water before each meal. This

was continued for several weeks before any improvement was noticed. Many forms of medication had been used before the gelsemium but they all proved ineffectual.

Accepting the theory that gelsemium acts upon the motor nerves, relieving irritation caused by them upon muscular tissue, we can understand how this pitiable condition might be entirely cured by the continued administration of gelsemium.

#### DISCUSSION.

Dr. Perrins in discussing the paper said that he had been using gelsemium for over thirty years but he had learned something new in regard to its use. He inquired, of the essayist, if he thought the gelsemium would relieve cramps in the legs, which he felt sure was due to irritation of the motor nerve fibers.

Dr. Howes replied in the affirmative, reiterating his belief that gelsemium acted principally upon the motor nerve.

Dr. Perrins also spoke of the large dose recommended, in some instances, by the essayist. He thought such doses would be dangerous.

Dr. Howes said that such doses were only intended to be used in extreme cases, where there was a large amount of vitality and irritation to be overcome, in strong and vigorous persons.

Dr. Allen referred to the use of gelsemium in the treatment of malarial fever. He contended that it was a much better and safer remedy to be given in such diseases than the quinine which was used so extensively. He also spoke of its use as a diaphoretic when given in alternation with small doses of aconite. Both drugs to be frequently repeated.

Dr. Brown said that he had used gelsemium very extensively in his practice. He was glad to have heard the paper of the evening. It had given him some new ideas concerning the action of gelsemium which he should immediately put into practice.



Dr. Howes stated that he knew of nothing which would so surely break up a catarrhal cold, if taken at the outset, as the gelsemium. He added five to ten drops of gelsemium to four ounces of water and gave drachm doses every fifteen minutes for seven to eight hours.

#### CASE REPORTED.

Dr. Allen reported the following case which had come under his observation:

Lady 52 years old. She had suffered with ovarian trouble since her early womanhood.

I have known her for over twenty-seven years. When she was seventeen years of age she had severe inflammation of the ovaries, and has suffered from it more or less ever since. She had one child about twenty-five years ago. At the time of her accouchment she had a severe attack of peritonitis. It was a long time before she rallied, being six or eight months before she regained her usual health. Ten or twelve years ago there was a recurrence of the ovarian mischief. The menstrual period ceased when she was about forty-nine. For quite a number of years she has had symptoms which pointed quite clearly to a cystic tumor of the ovary. All the treatment which I have given her has been of little avail.

About three months ago in reading Ellingwood's *Materia Medica*—which I prize very highly—I ran across his article on fucus which he recommended for the reduction of obesity and all glandular enlargements; also for relaxed conditions of the uterine organs. I thought of this case which had baffled me so long and resolved to try the remedy. I obtained Wilson's fluid extract of the fucus and commenced its administration. I am more than pleased with the results. She is better than she has been for several years. I shall continue the remedy for months and am in hopes it may absorb the entire contents of the sac, as it has already decreased quite perceptibly.

PITTS EDWIN HOWES,  
Secretary.

#### ECLECTIC MEDICAL SOCIETY OF THE CITY AND COUNTY OF NEW YORK.

The regular monthly meeting of the "Eclectic Medical Society of the City and County of New York," was called to order by President Herzog, at the College Parlors on February 19, 1903.

Dr. Krausi presented a case, which was apparently cured, of syphilitic ulceration of the nose, involving the nasal septum and floor of the nose (anterior portion), by the application of his special formulae:

R Kali iodide,  
Tr. iodii (colorless) aa ʒii.  
Glycerine ʒi.  
Water 2. s. ad ʒiii.

M.

The internal treatment consisted of the vegetable alteratives.

The case was fully discussed by Drs. Herzog, Hyde and Boskowitz.

Dr. Boskowitz moved that we record our unequivocal protest against the "Merritt Bill" now before the legislature and that a copy of the motion be sent to Assemblyman Rogers. It was carried.

Dr. Morhard moved that a committee of three be appointed to revise the constitution and by-laws and to report at the next meeting. It being carried the Chair appointed Drs. Krausi, Hardy and Morhard as the committee.

Twenty-seven members responded to the roll call.

W. L. HEEVE,  
Secretary.

#### NEW YORK SPECIFIC MEDICATION CLUB.

The regular monthly meeting of the New York Specific Medication Club was held in the college parlors, Feb. 12, 1903. Dr. R. A. Toms, chairman, presided. In the absence of Secretary Sillo, Dr. H. J. Birkenhauer was appointed secretary pro tem. After roll call and the adoption

of the minutes, Dr. H. Scaison, the essayist, presented a paper on *Lycopodium*, which was discussed by Drs. O. A. Hyde, W. J. Krausi and C. Lloyd.

Dr. W. J. Krausi read an abstract from the *Philadelphia Medical Journal*, lauding the use of aconite, phytolacca, belladonna and calcium sulphide in tonsilitis, giving the indications for their use, etc. Dr. Boskowitz read a communication from Prof. J. U. Lloyd giving a detailed description of their (Lloyd Bros.) new preparation (Libradol). He also related his personal experience with it and recommended it highly. Dr. W. J. Krausi gave his experience with it in several cases, including lumbago, neuralgia and pleurisy, used with uniformly good results. Dr. G. W. Thompson said he had used it with good effect and that in some cases it very quickly produced the physiological effect of lobelia.

Dr. R. A. Toms reported having used it in a case of acute bronchitis in a child with remarkable effect, the case being relieved in a few hours. Drs. C. Lloyd and O. A. Hyde also spoke on the paper. There was a fine attendance and Dr. H. Scaison was elected chairman for the next meeting.

DR. H. J. BIRKENHAUER,  
Secretary.

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## QUERY DEPARTMENT.

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Conducted by  
PITTS EDWIN HOWES, M. D.  
Boston, Mass.

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All communications for this department should be addressed to PITTS EDWIN HOWES, M. D., 703 Washington Street, Dorchester District, Boston, Mass., and must be received by the 28th of the month in order to be answered in the next number of the REVIEW.

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E. F. G.—As I have become interested in Eclectic literature,—I am a graduate of the so-called Regular School—I would be pleased if you would state briefly in the ECLECTIC REVIEW, from which I re-

ceive many helpful points, just what is the foundation of the Eclectic Practice.

Eclectic medicine teaches, that in the normal state all the various functions of the body are performed in a natural manner, and afford a certain amount of pleasure to the individual; that any departure from the normal standard will produce ill health, and that this disease will be more or less severe, according as the deviation is more or less intense; that the various divergencies from health will produce certain indications which are the guide to correct medication; that if the proper drugs are administered the result will be a tendency toward health; that the province of the physician is not to cure disease, but simply to assist Nature to recover from the effects of the disobedience of her laws; that when we have established the action of a remedy, under a certain condition, we have produced a result which can be depended upon at any time, no matter what the departure from health may be called.

Hence Eclectic medicine teaches that the proper method is to treat pathological conditions, and not names.

L. R. F.—Will you please inform me just what is the meaning of the term "Specific Medicine," which I see so often used in Eclectic literature.

The term "Specific Medicine" is applied to a class of remedies manufactured by Llyod Bros. of Cincinnati. Their medicines are prepared by manipulating the plant in such a manner, and at such a time, as to yield the entire medicinal properties of the herb. They are of a uniform strength and each drop represents the medicinal action of one grain of the material used in their production. These medicines are used not only by the Eclectics, but by many physicians of other schools who desire certainty in the action of the drugs they prescribe.

H. E. C.—Will you kindly differentiate between the use of macrotys and bryonia.

Macrotys is especially indicated by soreness of muscular tissue, while bryonia will be useful when the soreness is confined to the serous tissues. The pain which calls for macrotys is of a dull heavy quality, as if the patient had been pounded, while that of bryonia is of a sharp lancinating character. Some close observers contend that macrotys is beneficial when the pain is below the waist line, while bryonia will relieve that which is located above this point.

Case 3,031, a lady 70 years old had suffered from valvular disease of the heart for years. Limbs and abdomen bloated badly. Heart tumultuous, could not lie down. Constipated, urine scanty and digestion bad. Treatment: Pill of aloes, belladonna and nux for the bowels. Reduced the dropsy and controlled the heart by tinct. digitalis and cactus combined with some of the mild diuretics such as hair cap moss, mayflower and queen of the meadow. Stimulated digestion with a preparation of pepsin.

Case 3,032. Engaged to attend a young lady in her first confinement. She had become pregnant shortly after marriage. Age 23. Having known the family for a long time, I resolved that no trouble should ensue if it was possible for judicious care to prevent. Looked after her closely during the period of gestation. All functions normal and labor was of short duration. Was more than ordinary careful during labor. The child was born and placenta ejected without effort on my part, and I left her comfortable. That evening she was doing nicely. The next morning, 26 hours after, she seemed easy and all right. The next morning there was some fever and she had not rested well during the night. Wednesday, the same day, there was a slight chill. I gave small doses of aconite every half hour and applied hot cloths to the hypogastrium. Much better that night and the fever was all gone. Slight mani-

festation of milk; no trouble with the breasts. The next 36 hours her condition was normal. Then there was a slight scenting but not noticeable compared with many cases. Ordered vaginal enemas of carbolized water warm. When least expected a chill manifested itself and for a month the pulse was not less than 100 and often ran up to 150, while the temperature rose to 106°. After a second chill made a more careful examination and found that the os had been torn to the extent of half an inch but did not appear the least sensitive. Severe pain in the hypogastric region which was partially relieved by a free evacuation of the bowels. Hemorrhoids added their discomfort. Within the labii a small thrombus had formed and emptied itself and was very sensitive to the touch. There were remissions and exacerbations with marked regularity. Eyes very bright. What I said was misapplied and what I did not say was ominous of dreadful results. One grain of quinine divided in three doses gave much trouble, while five grains given without her knowledge proved beneficial.

At the end of two weeks I had succeeded in relieving my patient but little. Uterus felt like a child's head and patient was very sensitive. Used a vaginal douche of warm water, commencing at 80° increasing to 115°. Also applied a hot poultice of flaxseed and lobelia; gave aconite in small doses, quinine, grs V, at 9, 12, 3 and 6 o'clock, if much excitement, the gelsemium; gave muriatic acid in small doses and pepsin after meals. Not satisfied with results asked for consultation which resulted in the opinion of adhesion with pelvic abscess, but could not suggest treatment of a different character. I proposed to irrigate the uterus, he objected, but I decided to make the trial. The uterus was closed and very sensitive. Used lobelia for rectum and pushed it as far as possible without



producing nausea, giving gelsemium internally. A small sponge tent was introduced which dilated the uterus without much difficulty. Filled a fountain syringe with carbolyzed water, introduced the pipe into the uterine cavity and turned on the flow. During the latter part I used a little extract of opium and fluid hydrastis. This operation was repeated daily with good results. The former medicinal treatment being continued until the patient recovered. Was anxious to know what caused the difficulty but could not decide. She was carefully protected from contagion of any kind. The room was well ventilated and she was protected from all draughts. I looked up the case in many books and got the most light on the subject in Fordyce Barker, chapter three, page fifty-three.

#### CONTAGION OF SCARLET FEVER.

Case 3033.—Last May was called to attend a little girl who presented a well marked case of scarlet fever. The most minute questioning failed to elicit any cause of contagion. At last the mother of the child remembered having been on a visit to a neighboring town where they were obliged to spend the night on account of the weather. A large company being present, it was necessary to use a room which had not been occupied for some time. As it was exceedingly cold and damp, extra bed clothes were used. A year before a child in this house had been ill with scarlet fever. These clothes had been used in the house but not in the room of the sick child. After the necessity for the use of the extra clothes had passed they were aired, and packed away, until taken out for use on the bed where the little child, who now had the disease, had slept. After relating this history, the physician in attendance assured the mother that undoubtedly she had explained the cause of the contagion.

#### NATIONAL ECLECTIC MEDICAL ASSOCIATION SECTION OF FICERS APPOINTED FOR YEAR 1903.

##### Department of Medicine.

Chairman, W. E. Kinnett, Yorkville, Ill.; vice-chairman, W. H. Russell, Ipswich, Mass.; secretary, W. S. Turner, Waynesfield, O.

##### Department of Surgery

Chairman, R. C. Wintermute, Cincinnati, O.; vice-chairman, J. M. Wells, Vanceburg, Ky.; secretary, F. L. Wilmeth, Lincoln, Neb.;

##### Department of Gynecology.

Chairman, J. D. Robertson, Chicago, Ill.; vice-chairman, J. M. Borland, Franklin, Pa.; secretary, C. W. Cannon, St. Paul, Minn.

##### Department of Pathology.

Chairman, F. W. Abbot, Taunton, Mass.; vice-chairman, H. M. Lyman, San Francisco, Cal.; secretary, Henry Schmitz, Chicago, Ill.

##### Department of Obstetrics.

Chairman, Florence T. Duvall, Atlanta, Ga.; vice-chairman, Susan K. Whitford, Elgin, Ill.; secretary, Elvis G. Fatz, Perry, Ia.

##### Department of Therapeutics.

Chairman, J. R. Spencer, Cincinnati, O.; vice-chairman, W. J. Krausi, New York City, N. Y.; secretary, G. R. Shafer, Peoria, Ill.

##### Department of Disease of Children.

Chairman, W. N. Mundy, Forest, O.; vice-chairman, W. N. Holmes, Nashville, Tenn.; secretary, N. A. Herring, Benton Harbor, Mich.

##### Department of Eye and Ear.

Chairman, J. P. Harbert, Nashville, Tenn.; vice-chairman, E. Y. Trowbridge, Chicago, Ill.; secretary, Ethyl H. Richardson, Quincy, Ill.

##### Department of Nose and Throat.

Chairman, Geo. W. Johnson, San Antonio, Tex.; vice-chairman, C. E. Pierce,

Little Rock, Ark.; secretary, M. B. Ketchum, Lincoln, Neb.

World's Fair Committee.

Chairman, A. O. Stevens, St. Louis, Mo.; vice chairman, Edw. Younkin, St. Louis, Mo.; secretary, H. H. Helbing, St. Louis, Mo.

Consulting members: E. J. Farnum, Chicago, Ill.; H. S. Tucker, Chicago, Ill.; W. E. Bloyer, Cincinnati, O.; G. W. Boskowitz, New York City, N. Y.; L. S. Downs, Galveston, Tex.

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## SELECTIONS.

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### THE TREATMENT OF PHTHISIS WITH BLUE LIGHT.

Kaiser, after making a series of investigations on this subject, draws the following conclusions: (1) Tubercle bacilli in pure culture were killed in thirty minutes by the blue light at a distance of five metres, while they survived the equal illumination by an ordinary arc lamp. (2) Tubercle bacilli in pure culture were pasted on the patient's back, and the blue light was directed on the patient's chest at a distance of five metres for thirty minutes; this was repeated for six days. The bacilli were "weakened." (3) Pure culture of tubercle bacilli were illuminated by a light concentrated through a hollow lens containing a solution of alum and methylene blue with ammonia; they were killed. (4) The same lens was used, and the light was split up into the spectral colors by means of a carbon disulphide prism. Cultures lived in red and yellow light, but were killed in from blue-violet to ultraviolet. (5) A photographic negative with an unused film was pasted on a patient's back in such a way that all light was excluded. The film was illuminated through the patient's body, and a blurred "positive" was obtained.

Following these experiments, Kaiser tested the blue light in two cases of advanced phthisis; after six days night

sweats ceased and cough became less; after six weeks (up to the present) diminution of bacilli in sputum. In a case of tuberculous abscesses in the thigh and knee flexion, all treatment that had been applied before (for three months) failed to do any good; as a result of blue light there was healing of all abscesses in four weeks. A case of "weeping" eczema in a child of "tuberculous character" was cured in five weeks.

The author concludes that (1) blue light kills tubercle bacilli; (2) the heat rays are excluded by the hollow lens with cooling arrangement; (3) action of the light is independent of the distance and intensity of the source of light; (4) the light can pierce the body sufficiently strongly—only the chemical rays do so; (5) pure blue light acts strongly as a resorbing agent, and (6) blue light has a local sedative action if the rays are concentrated, and may even produce anaesthesia.—*Wien. Klin. Woch.*

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Try three or four drops of Jamaica dogwood in a teaspoonful of water every three hours for whooping cough. It is said to be specific.—*Medical Times.*

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### DIRTY HANDS.

Dirty hands have destroyed more lives than all the implements of warfare. The most important part of the successful treatment of Colles' fracture is perfect reduction. The normal bladder is difficult to infect; the paralyzed and diseased bladder, on the other hand, is very susceptible to infection. Muscular rigidity is a prominent clinical feature of appendicitis, and, as a rule, it is proportionate to the severity and extent of the complicating peritonitis. Enterostomy is a life-saving effort, and as such, no patient should be allowed to die without giving him the possible benefit of the operation.—SENN in *Practical Surgery of the General Practitioner.*

### THE DEPENDENCE OF SKIN AFFECTIONS UPON NUTRITIVE DISTURBANCES.

W. R. Inge Dalton finds the acid dyscrasia to be the starting point of many skin troubles, and insists upon the necessity of daily évacuation of the bowels, abstinence from alcohol and malt liquors, absolute avoidance of sweets, no meat for six weeks, though fish and eggs are permitted and copious draughts of water, especially before breakfast. He favors the use of the following combination, in tablet or capsule: naphthalin, one grain; ipecac, one-half grain; willow charcoal, one and one-half grains, and one one-hundredth grain each of calomel, strychnine and pilocarpine.—*New York Medical Journal*, November 1, 1902.

### THE MENOPAUSE.

During the change of life the majority of women experience more or less discomfort. Nervous and mental disturbances are particularly apt to manifest themselves, such as changes of temperament, hysterical disorders, pains in the various regions of the body, and disturbances of digestion. All of these disturbances have their foundation in a condition of passive congestion accompanying the gradual cessation of the menses. It is for this reason that Hayden's Viburnum Compound, on account of its nerve, antispasmodic and anticongestive action, becomes so useful at this trying period of a woman's life. Moreover, in those cases in which there are profuse losses of blood not due to the presence of organic disease or malignant growths, this product is an indispensable remedial agent.

Shoemaker uses a suppository which contains five grains of aristol and three grains each of camphor and lupulin in the treatment of leucorrhea.—*Summary*.

### STERILIZATION OF CATHETERS.

Nancrede and Hutchins (*American Journal of Surgery and Gynecology*) say: (1) It requires four and one-half minutes to sterilize, by boiling, an infected soft-rubber catheter; (2) Elastic catheters and soft rubber catheters can be boiled repeatedly for five minutes or more without producing roughness or reducing their elasticity; (3) Immersion in bichloride (1-2,000) will not sterilize an infected catheter; (4) Formalin vapors will sterilize infected instruments in twenty-four hours; (5) All methods of sterilization commonly employed should be continued for a longer period than the minimum time required for the destruction of germs in the laboratory.

In collapsed conditions give repeated doses of atropine hypodermically until signs of vitality are apparent.—*Medical Times*.

A felon once established, demands only one treatment, a thorough and early laying open of the finger with an incision; and, since it has been seen that it is with difficulty that the particular variety in not always easily determined, unless it is, without doubt, a cutaneous or tendinous felon, the point of the knife had better be carried through the periosteum to the bone, thereby giving exit to the pus, infective and destructive material, and giving the greatest relief from pain. Not infrequently this procedure can be done under local annæsthesia, yet, in many instances, it is found more advisable to use a general anæsthetic, thereby relieving the patient of the mental worry, and lessening the shock. The anæsthesia being of such short duration, little or no shock from it would be expected. Necrosed bone, a destroyed joint or tendon, and slough of gangrenous superficial tissue will have to be removed, adding a little time and severity to the operation.—ROBERT CAROTHERS in *Cincinnati Lancet Clinic*, July 19, 1902.



## THE DIAGNOSIS OF STONE IN THE BLADDER.

BY A. GROVES, M. D., FERGUS.

The diagnosis of stone in the bladder is by no means theoretically difficult, but in actual practice the existence of a stone is often overlooked, even when its presence is suspected and search made for it. There came recently under observation a patient with symptoms of stone in the bladder, but nothing could be found by sounding, although this had been done on two occasions by one of the oldest surgeons in Canada, who gave a positive opinion that there was none present, but the symptoms came from a large and sensitive prostate. Shortly after he came under my care, and by using Bigelow's evacuator the click of a stone against the tube was quite distinct, and, on operating, its diameter was found to be slightly over an inch. The reason it was missed by the sound was because it lay deep down behind the greatly enlarged prostate so that the sound passed over it. With the evacuator the outward rush of water drew the stone against the tube with a distinct click. A second case was presented, in which the most careful sounding failed to find a stone, but with the evacuator not only was it found, but, being of small size, it came away in the eye of the tube. Given then the ordinary symptoms of stone, and if the sound does not reveal it, I make it an invariable rule to use the evacuator, and if with this no stone is found, the evidence is pretty conclusive that none exists unless indeed it be encysted, and in my experience this is an exceedingly rare condition. In children the large tube cannot be used, nor is there indeed great need of the evacuator with them for there is no prostatic hypertrophy and the contractile bladder will usually bring the stone at once in contact with an ordinary sound. —*The Canadian Practitioner and Review.*

## MONARTICULAR DISEASE.

I am convinced that single rheumatic joints never exist. If joint disease is due to rheumatism, more than one joint will become infected; every single joint disease is always purulent, tuberculous, gonorrhœal, or due to pneumococcus or to some central nerve lesion.—A. A. PHELPS.

## MALIGNANT PUSTULE.

Camescasse advises a free incision, then bathing the parts slowly in several drachms of hydrogen peroxide and applying sodium bicarbonate. He finds this superior to the actual cautery, carbolic acid, or tincture of iodine.—*Record.*

## DIABETIC DIET LIST.

The following strict diet is recommended by N. S. Davis (*Jour. A. M. A.*): Breakfast.—Tea or coffee without sugar or cream, one egg and bacon, and two or three slices of nut bread with butter. Dinner—Bouillon or broth; beef, mutton or chicken, spinach, asparagus or wax beans; salad of lettuce or tomatoes with cheese; black coffee without sugar. Supper—Tea or coffee without sugar or cream, meat, fish or mushrooms; a salad of tomatoes, lettuce or chicory; two or three slices of nut bread. At bedtime, or in the evening, an egg lemonade made with saccharin can be given. Use as much butter as possible on bread and oil on salads; eat fat meats by preference.

## BOOK REVIEWS.

Uropoietic Diseases, 3rd edition, by Dr. Bukk G. Carleton. Price, \$3.50. Pages, 422. Boericke & Runyon, New York, publishers.

This book does both the author and the publishers credit. The treatment of each disease is considered from both a medical and surgical standpoint, and it is a very thorough work on the medical and surgical diseases of the kidneys and ureters. We

gladly recommend it to our readers and students.

tical book, and we gladly recommend it to REVIEW readers.

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### ITEMS.

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Pearls of Homeopathy, by M. E. Douglass, M. D. 231 pages, bound in flexible leather, price \$1.25. Boericke & Runyon, New York, publishers.

This is a neat guide for the Homeopathic medication of drugs. Only the most characteristic symptoms have been given, so its author states in the preface, and yet occasionally indications will occupy 2 pages, while an important drug like *Xanthoxylum*, receives but one line as follows: "Ovarian and sacral pains during pregnancy."

United States Surgeon J. C. Rosenblueth, M. D., will deliver a short course of lectures on Asiatic cholera, Yellow fever and Bubonic plague on Wednesday, Friday and Saturday, March 18, 20, and 21, at 10.30 o'clock, at the College building.

Dr. Alvah H. Doty has been re-appointed Health Officer of the Port of New York. Dr. Doty has held this office since January, 1895.

Keep your eye on medical legislation.

A large number of fine papers have been promised for our State meeting.

Dr. Tobyne's address was omitted in our last number. He has moved to 73 West 95th Street.

Surgical Anatomy and Operative Surgery, for Students and Practitioners. By John J. McGrath, M. D., Professor of Surgical Anatomy and Operative Surgery at the Post Graduate Medical School, etc., etc. 227 illustrations, including colors and half tones. Royal octavo, extra cloth, \$4.00 net. Philadelphia, F. A. Davis & Co., publishers.

This volume of nearly 600 pages is worthy the attention of student and practitioner.

It is arranged in ten parts:

Part I, which is headed General Considerations, deals with anesthesia, general and local, division of tissues, hemorrhage, etc.

Part II, head and face.

Parts III, IV, V, VI, VII, VIII, IX and X, treat respectively, neck and tongue, thorax, abdomen and back, the rectum, hernia, spermatic cord, testes, etc., urinary system, the upper extremity, lower extremity.

Each part is really complete in itself, a most convenient arrangement. The work combines, in a practical manner, the surgical anatomy and the operative surgery, and is written clearly and concisely and the illustrations are good. It is an intensely prac-

*Influenza on the Increase.*—Compilation of the death records for the past week in New York City show an increase of 50% in the number of fatal cases of influenza over that of the preceding week. The total number of deaths from all causes was markedly diminished, but the increase from influenza was considered by the New York physicians as significant.

Wilder's History of Medicine and Fyfe's Materia Medica can be had for four dollars at the College.

*Medical Inspector.*—A bill has been introduced into the New York Legislature which provides for the appointment of a

trained medical inspector. If the bill becomes a law he will perform the duties now devolving upon the medical commissioner. The salary accompanying the position will be \$5,000 a year, and for this amount those in authority hope to secure the services of a trained alienist to visit the various insane hospitals of the city.

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Weary Willie is getting his calcium ready for the State meeting.

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The "stay at homes" must not complain if not suited with officers elected.

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*For Pure Drugs.*—A bill has been introduced into the New York Legislature to prohibit the sale of defective, stale, or otherwise deficient drugs, and to punish persons who make substitution of another drug for the one called for by a customer. The bill provides that drugs likely to deteriorate in time must be marked with the date of manufacture, and with a statement showing the quality, strength, and genuineness of the drug. A time limit must also be fixed after which the drug will be unfit for use. The bill was introduced at the instance of the Medicolegal Society of New York.

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The commencement exercises of the Eclectic Medical College of the City of New York will be held at Carnegie Lyceum, May 6.

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*Discovery of a Plant Which Drives Away Mosquitos.*—The prevalent notion which exists among the natives of West Africa that a certain species of plant which if placed in a room will drive away all mosquitos induced Captain H. D. Larymore, resident of the Kobba Province, to make an investigation. He found

that the natives living in Lokoja make use of this plant to protect themselves from the swarms of mosquitos. The plant has been identified by the experts at Kew as the *Ocimum viride*, Willd. It is a member of the order Labiata which grows from Senegambia southward to Angola. It grows wild but not abundantly. Specimens were obtained and planted in pots and boxes. Captain Larymore found that the presence of one of these plants in a room undoubtedly drove the mosquitos out, and that by placing three or four around his bed at night he was able to sleep unmolested without using a mosquito net.

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One dollar pays for the REVIEW for one year. For your convenience a subscription blank is placed among the advertising pages.

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There was held at Milford, Mass., on the fourth of this month a meeting, under the auspices of the Aesculapian Club, which was decidedly unique in its character.

The subject, "The Treatment of Pneumonia," was presented by the following physicians.

The Regular Treatment of Pneumonia, by W. W. Browne, M. D., of Blackstone.

The Homeopathic Treatment of Pneumonia, by Edgar L. Fisher, M. D., of Worcester.

The Eclectic Treatment of Pneumonia, by Pitts Edwin Howes, M. D., of Boston.

The Dosimetric Treatment of Pneumonia, by Wm. L. Johnson, M. D., of Uxbridge.

Dr. N. C. B. Haviland, of Holliston, presided, and Dr. J. M. French, of Milford, opened the discussion of the various papers.

In our next issue we hope to present the readers of "THE REVIEW" with a report of this interesting occasion.



# THE ECLECTIC REVIEW.

EDITOR: G. W. BOSKOWITZ, M. D.

VOL. VI

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NO. 4

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## THE MEETING AT ALBANY.

The meeting of our State Society on the 8th and 9th of April, at Albany, was a great success in point of numbers, papers read, and general work accomplished.

The attendance was above the average and in spite of the fact that the legislature was in session and proved a great attraction to many of the members, the various sessions of the meeting—and there were four—were all well attended by interested and enthusiastic members and delegates.

Many fine papers were read and discussed, and much business disposed of. The meeting occurring so near the time of publication of the REVIEW, we can give but a short report in this number, which we reprint from the Albany papers. The May REVIEW will be our State Society *special*, and will contain a full account of the meeting, together with many of the papers, etc.

In this number, however, we are glad to present the president's address.

## THE NATIONAL.

Early in June the National will meet in Indianapolis. Are you going? It will more than pay you.

President McCann, and the officers of the various sections have been doing great work, and the program promises many good and instructive papers.

Secretary Ellingwood promises to supplement his report of last year, which will show fine organization throughout the States and Territories. He has been working unceasingly, and has accomplished much. He has the correct idea. *A proper organization is absolutely necessary for progress in any branch of the profession.*

As a result of these labors this meeting, we expect, will be the best attended in years.

Bear in mind that the National is the organization through which we, as a school, speak to the world.

If it is weak, we individually suffer. If it be strong, its strength protects us.

## TO THE YOUNGER MEN IN OUR BRANCH OF THE PROFESSION.

We desire to call the attention of the younger, yes, and some of the older Eclectics to the address of President Dart, printed in this number. His advice is good and his personal experience with the insurance companies shows the wisdom of the advice.

## NECROLOGY REPORT.

**ROBERT S. NEWTON, M. D.**  
**J. HOWARD YARNALL, M. D.**  
**CHARLES LAREW, M. D.**

The medical profession, like all others, contributes its quota year by year to the harvest of the Great Reaper, Death, and we in State Society meeting, at each annual session, are called upon to record the names of some who, previously with us, have passed from earth to that other world where we may be called at any time, and must eventually be summoned to join them.

Some noted names in Eclecticism are on the list of those for whom we have had to mourn the past year. First among these in present mention is:

Robert S. Newton, M. D., the son of the founder of the Eclectic Medical College of New York City. His parentage alone entitled him to the highest consideration among Eclectics. He inherited, however, not alone the name, but in large measure the abilities of his father, for he made for himself a reputation of his own for medical skill and ability which has added to the lustre given to that name by the father.

The College also has lost, by the death of Dr. J. H. Yarnall, a member of its faculty who had contributed much to its success and prestige. His monument, in the hearts of those who profited by his teaching, and in the results of that teaching to themselves and others is more enduring and more grateful to his memory than any graven tablet that can be placed over his remains.

Not alone the medical profession, but even more the clerical, have cause to grieve over the death of Prof. Charles Larew, whose life in retrospect seems a marvel. At the age of 23 he entered the ministry in which he served for 55 years. Such was his excellence as a divine, that he gained prominence and even pre-eminence in that field of his labor. After over thirty years in the ministry, he appeared among the graduates of the Eclectic Medical College of New York City, almost a quarter of a century ago, and thenceforth he practiced medicine gratuitously among the poor while ministering also to their spiritual needs. In our profession, also, he won prominence and pre-eminence as well, advancing not only to a seat in the Faculty of the College, but also to deservedly high rank among Eclectic authors. The record he made in life has seldom been paralleled by any other.

G. W. BOSKOWITZ, M. D.,

Chairman for the Committee.

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### ADDRESS.

BY PRESIDENT W. S. DART, M. D.

Fellow members of the Eclectic Medical Society of the State of New York:

I occupy the position, to-day, of a cat in a strange garret. One year ago this month I came to Albany to attend the forty-second annual meeting of this society. As the session was drawing to a close, and I was about to leave the room to get the last train going homeward on that day, my name was put in nomination and the nomination later carried, as president of this honorable society. Let me say to you, if a bolt from heaven had descended before me I would not have been more surprised, and it is needless to say it would not have caused me one half the pain. Were it not that eclectics seldom make mistakes I should doubt the judgment of this society in its selection of a president for the past year.

It is a good practice, whether in private or in public affairs, to take account of stock at the end of each year, to review and consider the past, to give some thought to the future. Every year must have its difficulties to cope with, and there promises to be no success, in this world, of perplexities and of struggle. But if it can be seen, as past events fall into perspective, that right principles are gaining more general recognition in private and in public life, and that true civilization makes some solid gains as each year goes by, there is room for hope and the optimist is vindicated.

As we look back over the past year and note the advancement that has been made in that branch of science known as Medicine and Surgery, and call to our minds the new kinds of useful knowledge that alleviates human suffering, and especially the growth and development of the eclectic system of medicine, we, as representatives of that system in the State of New York, have a right to feel that we are not occupying the tail end of the kite in this work of advancement.

The accomplishments of men are the true beacons of human progress. Thus when we call to mind the condition of eclectic medicine forty years ago, and compare it with its present condition, it can truthfully be said that its followers have not only kept abreast with our bretheren of other schools, but that they are slowly and surely taking the lead in progressive medicine.

On April 24th, 1865, an act was passed by the legislature of this State, for the incorporation of the Eclectic Medical Society of the State of New York. This society then had a small membership, which included nearly all physicians of the eclectic faith within the State. To-day our membership has increased manifold, but there are at least one-third of the eclectic physicians within the State who, thus far, have not united with the State society. This is a condition of affairs that should receive our attention, and each member should do his part to



bring the outsiders within the protecting and elevating influence of the State society, for "in union there is strength."

New York State may be called the incubator of eclecticism in the East. She is the only New England State, so far, to erect and maintain an institution for the teaching and demonstrating of eclectic principles and theories.

While I am speaking of this institution, I wish to call your attention especially to the Eclectic Medical College of the City of New York. This is a school where up-to-date eclecticism is taught by a competent and efficient corps of instructors. This is a school which all eclectics should strive to support and to perpetuate. If there be any bright young men or young women, in our neighborhood, who seeks a medical education, we should guide and direct them to this school, and those who have already received their degree when asked from what college did you graduate, let us not as I have seen done, say, I graduated in New York, and in that way evade the question, but let us speak frankly and say, I graduated from the Eclectic Medical College of the City of New York and I am proud to call her my Alma Mater.

It has been said by our bretheren of the regular school that we, the eclectic, or as Dr. Lloyd states in the March REVIEW, the "irregulars" cannot get appointed as examiners for insurance companies, or pension examiners, or positions of any kind, and this is used as an argument against us to induce students to attend other institutions than those of the eclectic faith.

In order to verify or refute these statements I made application, some five or six years ago, to several of the leading insurance companies, among them being the New York Life, the Mutual Life of New York, the Equitable, the Northwestern Mutual Life, and the Phoenix Life Insurance Company. In the blank which they send, to be filled by the applicant, the question is asked,

"From what school of medicine did you graduate and in what year?" To this question I plainly stated that I graduated from the Eclectic Medical College of the City of New York, in the year 1890, and if they wished to refuse my application for that reason, they could do so, for I was a "dyed in the wool" eclectic. My appointment came promptly from all the companies, and two or three of them commented upon my statements by saying that they did not discriminate against any legal practitioner of medicine whether he be allopathic, homeopathic, or eclectic.

This is a fact which we should all strive to place before the public as it is, for in the vicinity where I reside it keeps many students away from the eclectic school, and if we build up and perpetuate this eclectic system of medicine which our forefathers had so much difficulty in establishing, we must continually bring in new force, new intellect, new vigor.

There never was a period in our history, when for an eclectic there was so much to be proud of, to be hoped for, and to inspire ambition as now.

There never has been a time, in our existence, when from the professor's chair to the humblest practitioner there has been such a demand for eclectic teaching, eclectic principles, and eclectic treatment.

If I did not call your attention, while I am attempting to address you, to some thoughts that have occurred to me during the past few years, and which now come to me with more weight and significance than ever, before, I should feel that I had left undone things that I had the opportunity to do.

Within this period the industrial and financial centre of the world has crossed the Atlantic to our shores, and the United States has attained acknowledged preeminence among the world powers of the earth.

Within this period there has been a gradual but constant shifting of the views of the public regarding the medical treatment of

the sick, in this country, and the harsh and drastic measures formerly employed are being substituted by more mild and pleasant treatment that lacks not in efficiency.

Within this period the eclectic system of medicine has developed until the demand for a knowledge of eclectic principles is so great that our present stock of literature and text books is inadequate to supply the demand, and to fully demonstrate the great principles which underlie the eclectic system of medicine.

I should like to see in the near future, a large number of new books, written by eastern authors, for our brethern in the west have already contributed more than 75 per cent. of our present works, and among these books, a surgery edited by our worthy Dean, an anatomy edited by O. A. Hyde, and a practice of medicine, with G. W. Thompson across the back of the cover. Not the allopathic Thompson but the "irregular" or eclectic Thompson.

Another point that I wish to speak about is the personality of the physician. How many of us stop to consider the effect that the character and reputation of the individual has upon our success or failure as practitioners of medicine, in our respective localities. A thorough knowledge of all the branches of medical science is an essential and necessary acquirement for a physician, but this is not all that is necessary to make the true physician. The true physician is the man or woman who has a complete medical education, which is increased by constant study and experience as the years go by, and in addition to this he or she, as the case may be, must have a character and reputation as an individual and citizen that is beyond reproach. These qualifications coupled with a general knowledge of current events will make a physician that any locality will honor and respect. Let me say to each physician here to-night, be manly men and womanly women.

Fellow physicians, the work of this society

is before us and I will not consume time that can be more profitably occupied.

Allow me to thank you for the attention which you have given me, and for the courtesies which you have extended to me as president of this society.

I hope to be with you many years to come, and to see you all prosperous and happy.

### CARBOLIC ACID.

SOME OF ITS SPECIFIC USES.

BY W. J. KRAUSI, M. D.

Read at the March meeting of the Specific Medication Club.

Pure carbolic acid can be used upon any part of the body or the openings of the body if immediately followed by its antidote alcohol.

Carbolic acid will reduce temperature if such temperature is due to a pyogenic membrane, infectious ulceration or inflammation.

All septic, infectious or foul nodes, immaterial whether it is intra-uterine, or any form of ulceration, when practicable, pure carbolic acid should be applied and immediately followed by pure alcohol. This method will destroy sepsis and create a healthy granulating base. Care should be taken not to get any alcohol upon the part before carbolic acid is applied.

In chronic specific urethritis a 20 per cent. solution of carbolic acid applied to the mucoid patches immediately followed by alcohol gives excellent results.

In varicose or indolent ulcers the application of pure carbolic acid followed by alcohol gives fine results.

The hypodermic injection of a 3 per cent. solution of carbolic acid in and around, encompassing and through the base of furuncles, carbuncles or malignant pustule gives most excellent results, almost immediately destroying all constitutional symptoms and hastening repair, and when such pustules open destroying the danger of auto-infection.

Pure carbolic acid applied in pruritis vulva, followed by alcohol, gives immediate results. In pruritis ani the same results can be achieved, but great care must be exercised. A plug of cotton should be inserted to protect the mucous fold of the levator ani.

In lymphangitis, the pure carbolic acid is applied along the line of the lymphatic inflammation followed by alcohol. Cover with gauze, saturating with a 2 per cent. solution of carbolic acid.

In lymphadenitis very good results are obtained by hypodermic injection of a 2 per cent. solution of carbolic acid, injected into the node from all sides. Or equal good results may be obtained by applying freely, several times a day, of equal parts of carbolic acid and glycerin. In treating lymphadenitis the first object should be to remove the cause, is possible, seeking it at the periphery of the tributary vessels.

The contagium of erysipelas can be immediately destroyed, so that a case can be treated in any part of a house or hospital without fear of communicating the disease, by painting the part with pure carbolic acid and, when it turns white, apply pure alcohol. This can be followed by applying pieces of gauze steeped in a 1 per cent. solution of carbolic acid, being careful to keep the pieces of gauze wet. This method will reduce the temperature so that little or no internal medication will be required.

Rectal fissures should be swabbed with pure carbolic acid followed by alcohol and packing with gauze. This will readily heal with a 10 per cent. of balsom of peru, either in solution or powder.

Cutaneous or incomplete external fistula can be treated in the same manner. But we must be sure and ascertain if the cause of the fistula is due to necrosis or caries of bone or extraneous bodies. If bone disease is the cause the bone should be thoroughly scraped and all diseased bone removed; then thoroughly apply pure carbolic acid, followed immediately by pure alcohol and pack

with plain gauze taking care to allow good drainage. The fistula should then be cleansed every day with a 1 or 2 per cent. solution of zinc sulphate containing 10 per cent. of fl. ext. echinacea. Care should be taken, when applying the acid, that the membrane lining the fistula is entirely destroyed, as this membrane is the "life" of the fistula.

In impetigo contagiosa, after removal of the crusts with warm water and soap, apply a 1 per cent. solution of carbolic acid. This lessens the itching and prevents auto-inoculation.

In the severe itching of eczema, particularly the "dry" form, two drachms of carbolic acid and four drachms of glycerin to a pint of water gives immediate relief.

In obstinate and offensive ulceration of syphilis, repeated application of the following lotion will give a healthy granulating base:

℞ ac. carbolic gr. xv.  
alcohol fl. ʒiv.  
glycerin fl. ʒi.  
aquae q. s. d. ʒiv.

Mh'g. apply.

In urticaria, one drachm of carbolic acid (ʒi) to a pint of water will give immediate relief of the itching. About four drachms of boric acid and two ounces of alcohol added to above gives more positive results.

A 3 per cent. solution of carbolic acid containing 5 per cent. of tr. iodine—colorless—applied to any form of *open* cancer retards its growth and destroys the offensive odor and also, more or less, relieves the pain.

A 5 per cent. solution of equal parts of carbolic acid and glycerin makes a most excellent and beneficial lotion in tinea tonsuraus, tinea favosa and tinea versicolor, washing the parts thoroughly with a sulphur soap or soap containing 10 per cent. of ichthyol, removing as much of the crusts as possible.

The parenchymatous injection of carbolic acid should not be over one-half a drachm (ʒss) of a 2 per cent. solution.

New York City.



## SUPRARENAL CAPSULE IN PARALYSIS.

REPORT OF CASES.

BY M. A. WILLIS, M. D.

Mr. C., 78 years, suffering with chronic nephritis had paralytic stroke—hemiplegia—

Gave 2 gr. capsules of suprarenal powder every three hours, 1-40 gr. strychnia sulph. t-i-d, and 5 gtts. specific stramonium, 1 dram specific salanum to four oz. water. Teaspoonful every 2 hours. In four days he could sit up and could stand at the end of one week.

In two weeks he walked with the assistance of a cane and after one month of above treatment he was able to go out upon the street.

His brain seems in exceptionally good condition. The stroke was not a slight one, but quite severe.

Mrs. L., 65 years old, suffering with hemiplegia of the left side of two years standing when I first saw her.

Had had good medical attendance during that time, with no relief.

Could not turn in bed, or feed herself—had to lift left hand with right. Right eye deflected to the right side, lid drooped so eye was useless.

Gave capsules containing 2 grs. of the suprarenal, capsules three times a day, also 1-40 of strychnine three times a day, 15 drops of Lloyd's Eonanthe Crocata added to 4 oz. of water. Teaspoonful every 2 hours.

The improvement was slow but positive, so that after three months she could walk around the house, up and down stairs, comb her own hair, read a little, and sew, and is delighted with her improved condition, as she was looked upon as a hopeless case.

Jersey City.

We continue the subscription blank in the advertising pages for your convenience.

## THERAPEUTICS.

Edited by  
JOHN W. FYFE, M. D.

All articles for this department should be sent to Dr. J. W. FYFE, Saugatuck, Ct.

## LIBRADOL.

Libradol constitutes an application of wonderful pain-removing power. It is not a mysterious compound nor an experimental cure-all, but a most valuable result of one of Prof. John Uri Lloyd's long continued scientific and experimental studies. In this instance his efforts began as far back as 1887, and have resulted in perfecting a pain and inflammation relieving application which possesses all of the therapeutic powers of King's penetrating liniment, the compound powder of lobelia and the alkaloids of tobacco. The ingredients are so combined or united that they fortify each other in two common objects—those of relieving pain and subduing inflammation.

The principal specific indications for its employment are as follows: Pain, with or without swelling; inflammation with serous or mucous exudation; sharp lancinating pain in the chest, aggravated by respiratory or other movements; congestion and enlargement of the parts involved; dyspnoea; soreness in the pectoral region; dull, aching pain; subcutaneous inflammation; inflammation of the sheaths of nerves and tendons; pain of syphilitic nodes.

Croup, rheumatism, lumbago, pleurodynia, neuralgia, bronchitis, pneumonia, pleurisy (with or without effusion), and tonsillitis are prominent among the many diseases likely to present indications for libradol.

During the past six months I have been prescribing libradol almost daily, and it is now my firm opinion that it constitutes the

most valuable addition which has been made to our remedial agents in many years.

My first use of the remedy was in a case of pneumonia in which severe pain had existed for three days, notwithstanding the employment of lobelia compound powder and several other approved applications. Libradol relieved the pain in fifteen minutes, and in two hours it had disappeared entirely, simply leaving a slight soreness, and the respiration had been reduced from 26 to 20. The next day there was a slight return of the pain, and libradol was again applied for one hour. There was no further return of the pain. In a case of muscular rheumatism in the left side of the chest, libradol relieved the pain in one-half hour, and in two hours nothing but a slight soreness was left. A severe pain in the left side, just below the ribs, probably from cold, was cured in one hour. The next day the woman had a sore throat with a pain in the neck. She bound libradol around the neck and not only removed the pain but cured the sore throat as well. A man with painful rheumatism in the right shoulder could not raise his hand to his head. Libradol was applied on a piece of cloth. The next day the pain was gone and the stiffness was so much less that he could place his hand on the top of his head without difficulty. The remedy was continued for two days, and there was no further return of the pain. A delicate lady had an attack of acute bronchitis, and suffered much pain, extending all over the upper part of her chest. I applied libradol on a piece of flannel, and told her to remove it in two hours. It quickly relieved the pain, and she slept quietly for four hours, when she awoke suffering from deathly faintness and nausea. In other words, she was suffering from the physiological effects of lobelia. The application was removed at once and she soon recovered from the nausea and faintness. It is possible that the lobelia which libradol contains may nauseate some

delicate persons. I, therefore, direct my patients to remove the application in two hours (by which time the pain will be greatly modified, if not entirely removed), and in one hour again apply it, and in this way continue to employ the remedy as long as necessary. A girl seven years of age had a severe cold in January, which left her with a cough and a constant pain in her chest. This continued until the first of March, when I was called to see her. Libradol was applied. In three hours she was free from pain, and her cough was greatly lessened within twenty-four hours.

The foregoing are a few of the cases in which I have employed libradol. I have used it in almost every kind of pain in which an external application could possibly afford relief, and without a single failure to promptly remove the suffering. It is a remedy of truly wonderful power.

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## POISONING.

(Continued from Page 73.)

### LOBELIA.

*Diagnosis.*—Poisonous doses of Lobelia inflata cause feebleness of the pulse, contraction of the pupils, extreme prostration and unconsciousness.

*Treatment.*—Stimulants should be used freely, and each case treated in accordance with the specific indications for remedies.

### LOLIUM TEMULENTUM.

In its poisonous effects this drug resembles both aconite and belladonna. Accidental poisoning has occurred by a mixture of this agent with flour made from grain with which Lolium Temulentum grew.

*Diagnosis.*—When taken in large quantities this drug causes gastric pain, severe giddiness, vomiting, and other symptoms of intoxication. To the sufferer everything seems green in color.

*Treatment.*—The poison should be removed from the stomach by means of emetics or the stomach pump as soon as possible. Unless a very large quantity has been taken recovery will gradually take place.

#### MERCURY AND ITS COMPOUNDS.

All of the preparations of mercury possess poisonous properties in a greater or less degree.

Corrosive Sublimate, or Bichloride of Mercury, is the preparation most frequently used as a poison, of which three grains is the smallest quantity known to have proved fatal. From three to five grains is the average fatal dose. The average duration of fatal cases is from two to six days, but death has resulted from a large dose of corrosive sublimate in less than half an hour.

*Diagnosis.*—The symptoms of poisoning by Corrosive sublimate commence at once with an acrid metallic, or coppery taste and a sense of constriction and burning heat in the throat and stomach. The burning pain soon extends over the abdomen and is increased by pressure. (In some cases, however, pain is absent). There is nausea and vomiting of the contents of the stomach, mixed with blood and stringy masses of mucus, and diarrhoea with bloody stools, or dysentery, with swelling of the abdomen. The face usually becomes flushed and swollen, but it is sometimes pallid and anxious. The lips and tongue are white and shrivelled. There is frequently dyspnoea, and the pulse is small, wiry and frequent. Death may take place during collapse, coma, or convulsions. The secondary symptoms are most characteristic of poisoning by corrosive sublimate. Should the poison not prove rapidly fatal, the pain gradually lessens, though attacks of colic and nausea may come on at intervals for several days; the urine is frequently suppressed, and there is hectic

fever, with great depression. The gums and salivary glands are swollen, there is a coppery taste, the breath is fetid, and there is severe salivation, but in making a diagnosis it should be remembered that cases of salivation occur when no mercurial of any kind has been taken. In mercurial poisoning there is no marked loss of muscular power.

A few grains of the chloride of mercury (calomel) have caused excessive salivation and death. In large doses it is an irritant poison. Calomel is insoluble in water and forms a black precipitate with caustic potash. It is thus distinguished from corrosive sublimate.

*Diagnosis.*—The symptoms produced by calomel are similar to those caused by corrosive sublimate.

The chalky looking preparation known as ammonia-chloride of mercury is poisonous, but has not often proved fatal.

*Diagnosis.*—White precipitate produces vomiting, severe pain in the stomach, cramps, purging and convulsions.

*Treatment.*—The treatment of mercurial poisoning is the same for all of the mercury compounds. The antidote is albumen, with which they form insoluble compounds. The white of eggs most readily afford the needed albumen in poisoning. The white of eggs may be given, or the whole eggs may be broken up with milk or water and administered. If eggs cannot be obtained, milk may be freely administered. Linseed and warm water should also be given. The stomach must be emptied as soon as possible by the use of emetics or the stomach pump. Flour, made into a paste with milk or water, and demulcent drinks of all kinds, and also milk and ice, aid in the treatment. Opiates may be given in small doses if there is severe pain. A milk or farinaceous diet only should be allowed. Gargles of chlorate of potash or borax may do some good. When there is sali-



vation, sucking a solution of chlorate of potash is recommended. In chronic mercurial poisoning, the iodide of potassium is the indicated remedy. It destroys the compounds formed by the union of mercury with some of the tissues, and eliminates the poison through the kidneys.

(To be Continued.)

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### SOAPS.

In a very interesting article on disinfecting soaps, Dr. Henry Leffman says:

"Many so-called disinfecting soaps are to be found on sale. Some of these are mere pretences, but others are attempts in good faith to incorporate germicides into the ordinary soapmass. In many cases the preparation will be necessarily a failure, for soap is incompatible with the common metallic salts, such as corrosive sublimate, zinc chloride and aluminium chloride. The organic disinfectants, such as the naphthols, phenol, formaldehyde, do not react markedly with soap and have been extensively used with it. Ordinary soaps are somewhat antiseptic, and many of the organic disinfectants are not actively germicidal, but rather retaining agents, hence many microbes, unless subjected to the action of these agents for a long time, will become active when the antiseptic is removed. It seems illogical to associate soap and germicides in one mass, for the soap is usually quickly washed off and with it, of course, the antiseptic. The same objection applies to many medicated soaps.

When phenol (carbolic acid) was first exploited as a disinfectant, it was claimed to be very efficient, but later investigations have diminished the enthusiasm. Much difference exists in the quality of the phenol used, materials sold under the title "carbolic acid," ranging all the way from a pure phenol to merely inert tar-oils. In 1885 I tested a sample of the so-called carbolic acid that the Philadelphia

Board of Health was using liberally as a disinfectant, and found that it contained only traces of phenol. The same irregularity might be expected in any preparation purporting to contain carbolic acid, and it was, therefore, thought worth while to test some of the carbolic soaps. An examination made by Mr. A. H. Allen, of Sheffield, England, some years ago, showed that few such soaps, as sold in that city, contained more than 5 per cent. of phenol, and most of them much less. A fair quality of phenol is not now expensive, and, in view of the prices obtained for the articles, manufacturers can afford to put in several per cent. of it.

"For the laboratory tests, samples of all the carbolic soaps well-known in the Philadelphia drug trade, were obtained and tested for phenolic bodies. Most of the samples had but a slight odor of phenol, but the test showed that a small amount was present in nearly all. In none of them does it appear that the amount is sufficient to give prompt disinfectant action and it seems, therefore, as noted above, that the effect of the phenol is best obtained by using it in solution of known strength, after the detergent action of a pure soap has been secured."

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### LEPER COLONY.

It may not be generally known that a leper colony of 750 persons is included among the troubles which the United States has been so freely purchasing during the past few years. Truly, it would seem that our Government, in its desire for commercial expansion, has been assuming a little more than its full share of the "white man's burden." A recent Hawaiian paper says:

"The residents of Molokai—the leper colony—signed a petition last Fall to the United States Senate protesting against the transferring of the settlement to the care of the Federal Government, and

claiming that the territory is able to take care of it. The motive for this petition seems to have been a fear that the personal liberties of the lepers would be abridged, and especially that a law would be passed separating the sexes. We have commented on this subject before, especially with reference to the procreation of children. The United States Government apparently has a delicate problem to solve in this connection."

To the foregoing extract the *Philadelphia Medical Journal* adds:

"We learn also that a trial is being given to the plant known as *Tua Tua*, another alleged cure for leprosy. But the stuff is nauseous, and only six patients were taking it. As about sixteen months are required to test its virtues, it is likely that it will go the way of all other 'specifics.' The poor lepers have their own troubles."

#### ALKALOIDS OF IPECAC.

In a paper on the alkaloids of ipecacuanha as simulators of morphine, Messrs. A. H. Allen and G. E. Scott-Smith report the results of some careful examinations of the alkaloids of ipecacuanha. It is probable that they were led to this study by the investigation of a case in which another chemist reported the presence of morphine in a cough mixture to the extent of  $\frac{1}{2}$  grain per ounce. Their examination of a portion of the same mixture showed that no morphine had been used in its manufacture, and that the error was due to confusing the reaction of the ipecacuanha alkaloids with that of morphine. It is possible that all the alkaloids of ipecacuanha are not isolated, but three have been indicated: Emetine, cephaeline and psychotrine. The formula of the last has not been determined. The mixed alkaloids from a sample of Carthagena ipecacuanha contained about 51% of emetine, 44% of

cephaeline and 5% of psychotrine. Emetine has not been crystallized, but easily forms crystallizable salts. The other alkaloids crystallize easily. The separation of them from each other is based principally upon their solubilities in ether, but the details need not be given here.

#### URTICARIA.

Dr. W. R. Pembroke, in writing to the *American Medical Journal*, gives his treatment of an aggravated case of urticaria in substance as follows:

A lady requested me to see her little girl, remarking that the child was broken out all over her face, neck and arms, and she was afraid that the child had small-pox. On arriving at the bedside I found that the little patient had a high fever and was covered with an eruption. The tongue had a peculiar stripe down the center, and the pulse was full and bounding—showing that veratrum was a needed remedy. I told the mother that she need not fear small-pox for the child had urticaria in an aggravated form, and that the eruption would not be as thick and confluent at this stage if the case was one of small-pox. I prescribed as follows:  $\mathcal{R}$  Tr. Veratrum, gtt. viii., water,  $\mathfrak{z}$ iv; teaspoonful every hour.  $\mathcal{R}$  Tr. Apis, Tr. Rhus tox. aa, gtt. iv, water,  $\mathfrak{z}$ iv; teaspoonful every hour in alternation with the veratrum. Recovery was complete in three days.

A journal writer says that two drachms of specific ipecac added to four ounces of water, and applied three times a day, has never failed to cure his cases of sumach poisoning.

We are glad to learn that Dr. John W. Fyfe's new book on *Materia Medica* is now added to our list of Eclectic textbooks. That Dr. Fyfe is its author, is sufficient guarantee of its excellence.—*Georgia Eclectic Medical Journal*.

## SOCIETY CALENDAR.

National Eclectic Medical Association. Meets at Indianapolis, on June 9th to 11th, 1903. J. D. McCann, M. D., president; Finley Ellingwood, M. D., secretary.

Eclectic Medical Society of the State of New York. Meets at Albany, April 9th and 10th, 1904. E. H. King, M. D., president; S. A. Hardy, M. D., secretary.

Massachusetts Eclectic Medical Society. Meets first Thursday and Friday of June, in Boston. Lillian G. Bullock, M. D., president; Pitts Edwin Howes, M. D., secretary.

Eclectic Medical Society of the City and County of New York. Meets third Thursday in each month at 239 East 14th street. A. W. Herzog, M. D., president; W. L. Heeve, M. D., secretary.

Kings County Eclectic Medical Society. Meets third Monday in each month; April meeting at the office of Dr. J. A. Wordbrock, 1260 Jefferson avenue, Brooklyn. H. Stoesser, M. D., president; J. A. Wordbrock, M. D., secretary.

New York Specific Medication Club. Meets second Thursday in each month at 239 East 14th street. V. Sillo, M. D., secretary.

Boston District Eclectic Medical Society. Meets the third Tuesday of each month, excepting July and August, at "The Thorndike" Boylston street. Lydia Ross, M. D., president; Pitts Edwin Howes, M. D., secretary.

## MEDICAL MEETINGS.

The Kansas Eclectic Medical Association will meet at Gleason's Hotel, Little Rock, Ark., April 15th, 16th and 17th. The work is divided into six sections and about fifty papers are promised for the meeting.

The Tennessee State Eclectic Medical Society will hold its meeting at Odd Fellows' Temple, Nashville, Tenn., May 5th and 6th. Thirty papers are scheduled for this meeting.

The 48th annual meeting of the Connecticut Eclectic Medical Association will be held at the Allyn House, Hartford, on Tuesday, May 12th, 1903, commencing at 10 A. M.

The following Committees were appointed to report at the annual meeting, 1903:

## ON SURGERY:

Chas. W. Fitch, M. D., Chairman,  
640 Madison Avenue, N. Y.

Henry Bickford, M. D., Secretary,  
98 Ann Street, Hartford.

## ON NEW REMEDIES AND TREATMENT:

John W. Fyfe, M. D., Chairman,  
Saugatuck.  
Frank B. Converse, M. D., Secretary,  
Westford.

## ON OBSTETRICS:

S. B. Munn, M. D., Chairman,  
Waterbury,  
Frank A. Bucklyn, M. D., Secretary,  
Mystic.

## ON DISEASES OF CHILDREN:

Leonard Bailey, M. D., Chairman,  
Middletown,  
E. M. Ripley, M. D., Secretary,  
Unionville.

## ON DISEASES OF THE RESPIRATORY ORGANS:

W. F. Hinkley, M. D., Chairman,  
Waterbury,  
M. L. Marsh, M. D., Secretary,  
New Britain.

## NATIONAL ECLECTIC MEDICAL ASSOCIATION.

In the preparation we are making for the annual meeting of the Association, which will be held in Indianapolis on the 9th, 10th and 11th of June, we are greatly encouraged by the very prompt replies that have been made in most cases to all of our correspondence.

The section officers have been especially fortunate in securing a large list of papers from writers whose names are sufficient assurance that the papers will be of the very best quality. The sections of Medicine, Therapeutics, Surgery and Gynecology are especially full already, and yet they will be open to additions until the 10th of April.

We urge upon every member of the Association to be with us this year and contribute to the program something that will be of practical character.

There are several matters to be brought up which will be of very great interest.



The efforts that are being made to consolidate the school are being responded to so cordially by physicians in every state and territory that the report in this particular will be an unusually favorable one. The union of the secretaries of the state societies in this work has been a very fortunate move on the part of the Association, and will certainly result in the greatest good; first to the state society which is very important, and secondly to the Association.

Let there be earnestness, zeal and unanimity this year, and we are assured that the National Association will advance more rapidly than in many previous years.

We ask the united cooperation of every member of the Association and every stanch Eclectic. We are endeavoring to secure the addition of two-hundred new members to the Association this year.

J. D. McCANN, M. D.,  
President.

FINLEY ELLINGWOOD, M. D.,  
Recording Secretary.

#### ECLECTIC MEDICAL SOCIETY OF THE STATE OF NEW YORK.

The Eclectic Medical Society of the State of New York opened its forty-third annual meeting in the common council chamber Wednesday, April 8, listened to the reports of the secretary and treasurer and heard several able papers read. The election of officers took place and several other papers were read. The following were named as a nominating committee: E. H. King, R. W. Padgham, G. W. Thompson, A. R. Tiel, H. Stoesser, W. J. Krausi, C. W. Brandenburg, E. Denny and L. H. Smith.

President W. S. Dart presided and during the afternoon delivered his annual address. He advocated unity among several factions that exist in the society, the raising of the standard of qualification and the demanding of their rights as physicians. An interesting feature of the

meeting was the presentation of a case of cancer of the wrist by Dr. L. J. Whitney, of Unadilla.

The society emphatically endorsed the bill to give the Regents full charge of the public schools of the State and placed itself on record as opposed to the bill enlarging Superintendent Skinner's powers.

Dr. Orin Davis, of Attica, one of the founders of the society and a pioneer in this school of medicine, read a paper entitled "Early Organizations in This State," which was mainly historical. Dr. J. T. Sibley read a paper on "Practical Hints on the Power of Suggestion." These papers were read: O. A. Perine, M. D., "The Becquerel Rays;" A. R. Tiel, M. D., "A Case of Spondylitis;" W. J. Krausi, M. D., "Differential Diagnosis of the Primary Lesions of Syphilis."

In the afternoon Drs. Nolan, L. H. Smith, A. R. Tiel, D. E. Ensign, E. Denny and H. Nichols, composing the examining board of the eclectic school, visited the Capitol and held a conference with Secretary Parsons of the State Board of Regents. Dr. O. W. Sutton, who is also a member of the examining board, was unable to be present.

As many of the following papers will be read as time will permit: V. Sillo, M. D., "Arsenate of Calcium;" Lee H. Smith, M. D., "Neuritis of the Musculo-Spinal Nerves, Due to Injuries Received from Hanging to Car Straps, with X-Ray Photographs;" J. E. Salisbury, M. D., "Diseases of the Nose and Throat;" W. L. Heeve, M. D., "Antitoxin;" Josephus H. Gunning, M. D., "Modern Treatment of Stomach Diseases;" A. W. Herzog, M. D., "Parrafin Injection as an Adjuvant to Plastic Surgery;" F. D. Gridley, M. D., "A Case in Practice;" E. Irwin, M. D., "Permanganate of Potash in Varicose Ulcers;" Thos. Robens, M. D., "A Case of Double Pregnancy;" J. De Beer, M. D., "Intestinal Fermentation."

The permanent members present were: G. W. Boskowitz, of New York; H. S. Blackfan, Cambridge; O. Davis Attica; E. Denny, Johnstown; W. S. Dart, Harpersfield; D. E. Ensign, McGrawville; F. D. Gridley, Binghamton; O. A. Hyde, New York; S. A. Hardy, New York; W. L. Heeve, New York; A. W. Herzog, New York; W. J. Krausi, New York; E. H. King, Saratoga; R. Liston, Albany; Charles Lloyd, New York; W. J. Lewis, Brooklyn Hills; F. G. Maxon, Chatham; F. L. Moorhard, New York; M. G. McGinnis, New York; A. E. Martin-King, Brooklyn; M. H. Nichols, Worcester; J. P. Nolan, New York; T. W. Pomeroy, New York; R. W. Padgham, Geneva; M. B. Pearlstien, Brooklyn; F. A. W. Revett, Green Island; T. Robens, Albany; L. H. Smith, Buffalo; D. L. Spaulding, Niverville; H. Scaison, New York; M. Seimeca, New York; J. T. Sibley, Brooklyn; H. Stoesser, Flatbush; G. W. Thompson, New York; C. A. Tobynne, H. E. Waite and C. E. Brandenburg, of New York; H. J. Doll, Buffalo; A. Bloomer, New York; I. J. Whitney, Unadilla.—Albany Press-Knickerbocker.

#### BOSTON DISTRICT ECLECTIC MEDICAL SOCIETY.

Boston, March 24, 1903.

The regular meeting of the Boston District Eclectic Medical Society was held this evening at "The Thorndike," dinner being served at 7 o'clock.

The business meeting was called to order at 8 o'clock by the President—Dr. Lydia Ross, and after the routine business the essayist of the evening—Dr. A. Waldo Forbush—presented the following paper:

#### VERATRUM.

It is not my purpose to give the origin and botanical character of *Veratrum*; they are too well known to call for particular description, and are fully pointed out in all our botanical works. There are sev-

eral species of *Veratrum* growing in Europe and the United States, and perhaps other species in Mexico. The American Hellebore, in its physical and therapeutic properties, strongly resembles the European. It is a clinical fact, however, that *Veratrum Viride* is much less poisonous than *Veratrum Album*.

Its constituent parts are starch, a bitter extractive, fixed oily matter, coloring matter, veratrine—discovered in 1819, lignin, salts of lime and potash, gallic acid and a gum substance. The alkaloid substance is quite insoluble in water, more soluble in ether and entirely soluble in alcohol. It produces a burning acrid sensation in the mouth which lasts for hours; this alkaloid is only found one in ten thousand in *Veratrum Viride*. Dr. Johnson says "only a trace of veratrine is found in *Veratrum Viride*, and the veratrine found in *Veratrum sabadilla* seed—the commercial article—is not entirely identical with the veratrine found in *Veratrum Viride*." It is quite possible that *Veratrum* possesses other alkaloids that have never been separated. No solution of *Veratrum* alkaloid will produce the specific therapeutical action of *Veratrum Viride*. Prof. Lloyd, and others, recommend the association of alkaloid and resinous constituents unbroken to secure the full effects of the drug.

The medical history of the genus *Veratrum* dates back at least to the work of Pliny, where he describes the black and white hellebore at considerable length, speaking of it as a useful emetic to evacuate "*the offensive humors which cause disease*," he says it came into general use, especially for affections of the eye and for quickening the intellectual faculties, and calls attention to the case of Carneades—the Philosopher—who, in order to prepare for answering the works of Zeno, sharpened his mental powers by purging with white hellebore. He also states that

Drusus, a celebrated orator of Rome, was cured of epilepsy by the same treatment.

Veratrum was held in considerable repute, in certain diseases, all the way down to modern times. Its internal use, however, became less and less frequent until about the beginning of the last century. This was due, no doubt, to the vicissitudes in medicine and the lack of the necessary understanding of drug action. It was almost unknown to the general practitioner from this time, to the very extended investigation which Drs. Tully, Ives, Bigelow and Ware made concerning the American hellebore during the period between 1820 and 1830. We can give credit to them for knowledge regarding its therapeutic powers, which, although incomplete in character, led up to more complete study. Dr. Norwood—a student of Dr. Tully's—published in 1850, in the Southern Medical Journal, practically Dr. Tully's observations and views on the influence and power of Veratrum on the circulation and frequency of the heart's pulsation. He claims the fact as his own discovery, notwithstanding that Dr. Osgood—also a student of Dr. Tully's—published an article on this plant in the American Journal of Medical Science for August, 1835. This proves that Dr. Norwood's claim was not legitimate. From this date to the present time there has been more or less unsatisfactory observation given to the subject. One of the most complete articles comes from the pen of Dr. A. W. Smith of Chicago.

The physiological effects of toxic doses of Veratrum are worthy of our consideration. Observation of the effect on the lower animals proves that locally it is an irritant to healthy tissue. When applied to an old ulcer on a dog's foreleg little or no influence was observed on his heart or circulation, yet a few applications healed the ulcer completely. The powdered plant applied to the nostrils causes violent and

continued sneezing. In small doses given daily to a dog we had vomiting, occasional foaming at the mouth, with giddiness, slowed pulse, but regular, eyes dull, pupil dilated, evidence of intestinal colic, a disposition to keep quiet and sleep, refusing all food.

Dr. Osgood in his study of Veratrum found that, on taking two grains of the dried extract from the juice, the effects were manifested in one hour by a sense of uneasiness at the stomach and vomiting. In one hour and a half his sight became dim, the pupil dilated, attended with vertigo, faintness and desire to sleep, pulse 40, followed by a chill, pains in the epigastrium, increased dimness of vision, stiffness of the voluntary muscles, and considerable general prostration. These symptoms were relieved by brandy and tincture of opium. The effects of physiological doses will vary much in different persons, owing to the difference of sensibility, constitution and temperament. The general effect on the kidneys is less decided while the perspiration seemed due to a passive relaxation of the cutaneous vessels. It is not thought to cause catharsis unless in considerable doses, if at all.

It is observed that Veratrum has an important influence over the nervous system, both the organic and cerebro-spinal system, as well as the nerves of special sense. In toxic doses all the species of Veratrum, so far as known, produce gastro intestinal inflammation, prostration of the nerves and vital energy, exhaustion, vomiting, tenesmus, burning sensation of the mouth, throat, stomach and intestines, constriction of the throat with a sense of strangulation, colicky pains, small and slow or imperceptible pulse, faintness, cold sweats, tremblings, giddiness and vertigo. The claim is made that Veratrum will not reduce temperature in the healthy subject. To my mind there should



be no difference of opinion on such a matter, as any one so disposed can test this point himself.

Veratrum lowers the pulse rate by direct action on the vascular system and the cardiac muscles, not clonic in character, and unlike most other drugs of its class. The intensity of its force and power must be reasonably measured.

The comparative study of Veratrum, and the group of drugs which exercise a sedative, stimulant and tonic action on the heart and blood vessels, is worthy of our consideration. Dr. H. A. Hare calls attention "to the importance of studying the state of the cardiac muscle in the various conditions in which evidences of circulatory failure were manifest. While physicians very frequently regarded the valvular lesion as the important factor in the case, the condition of the heart muscle was the most important matter to be studied, since valvular lesions in themselves were of little importance if compensatory hypertrophy existed. With these lines for study we must keep in mind the drug action of the group." The action of heart remedies are still surrounded by a cloud of uncertainty and more or less empiricism. The average physician prescribes with uncertainty and a recklessness that is surprising. The patient complains of some distress or something wrong in the region of the heart. Usually digitalis is prescribed without consideration of the "*sign board*" of the trouble, or the physiological or drug action expected upon the organ. Dr. I. N. Upshur says that digitalis is an unsatisfactory and uncertain remedy because its action could not be controlled. Veratrum and digitalis have a very limited range of usefulness, widely different; different in composition and action. Veratrum has no known cumulative power. Digitalis, according to most writers, has a most dangerous cumulative influence and

should not be given for any length of time. This influence is due to a contracting of the arterioles, thus shutting off nutrition. Veratrum, so far as known, has no dual action. The composition of digitalis is very complex embracing nine different principles, some of which are antagonizing. So far as known, Veratrum Viride has none of these antagonizing principles. Digitalis does not slow the pulse to any appreciable extent when the rapidity depends upon a high temperature. Veratrum has this for a characteristic influence.

The general indication for digitalis is a condition of dilatation dependent upon a valvular lesion; still in some of these conditions it does not benefit because it prolongs, to too great an extent the diastole. It is a remedy in many conditions of cardiac irregularity when the heart fails to do the proper amount of work, but may be contra-indicated in mitral stenosis, aortic disease, myocardiac lesion, chronic myo-cardiac inflammation and degeneration. In these conditions digitalis, if used at all, should be prescribed with caution.

Digitalis should not be employed in the heart conditions of the aged when they have attained to the period of complete and continued systole.

In cardiac hypertrophy, when we have the full, strong pulse and laborious action of the organ, digitalis works a positive injury. Veratrum then comes to our aid with the confidence of a walking stick. Digitalis should be used when there is a low arterial tension and marked venous engorgement, and as soon as these conditions are overcome its use should be suspended. Veratrum should be used where we have the full, hammer-like arterial tension. This drug produces in the heart muscle a retraction, or contraction, which is a conservative action in that it squeezes out from the heart muscle

all waste and noxious products, and brings the organ down from a distended over-acting state to one working in order and to the best advantage. In this way it protects the heart muscles from the pathological changes that so often accompany toxemias.

The conclusion arrived at in the use of the two drugs is that *Veratrum*, in indicated cases, is a safe agent with uniformity of action. *Digitalis* at the best is unsatisfactory and uncertain in action.

*Aconite* is thought to influence the sympathetic nervous system, and in small doses stimulate the action of the heart. To my mind notwithstanding, *aconite* certainly depresses the action of the heart in the ratio of doses given, being in this respect not unlike *Veratrum*. It is said that *aconite* is the most definite cardiac depressant in therapeutic use, with only a temporary action and no bad after effect. No less authority than Dr. Beates of Philadelphia says, as to the relative value of *aconite* and *Veratrum*, that syncope may result from the use of either of them, but in the case of *aconite* it is fatal. *Aconite* acts directly on the heart muscle, while with *Veratrum* the primary influence is on the blood vessels and not so directly on the heart muscle. He regards *Veratrum* as a most safe remedy and says recovery from its effects is very prompt. *Veratrum* affects the respiration much less than *aconite*.

Dr. Robinson in his conclusion on the use of *Veratrum Viride* regards *Veratrum* as a most safe and beneficial remedy, and, with a correct knowledge of the drug characteristics, an easy remedy to manage.

It is quite the custom of many physicians to prescribe either *aconite*, *Veratrum* or the coal-tar products in every case of elevated temperature. We do not presume to say that the *Veratrum-aconite* custom always breeds mischief,

as neither *aconite* nor *Veratrum*, as ordinarily given, depresses the heart to any great extent; but the marked habit of the coal-tar derivative users, to my mind, leaves a sting most deplorable to the human family.

*Strophanthus* by comparison is indicated by a weak heart muscle; any irregularity dependent upon weakened muscle structure may be met by the use of *strophanthus*. It slows the heart by strengthening the heart, relieves pre-cardiac pain, palpitation and dyspnea, muscular insufficiency in valvular heart conditions where the compensatory increase of muscle strength has not kept pace with valve discord. *Strophanthus* is of extra value in mitral stenosis and weakening of the auricular wall with dilation. *Strophanthus* does not increase the heart's work by unduly contracting the caliber of the blood vessels as the tensors do. *Strophanthus* has some antipyretic power, especially when needed for lesion of the aortic valve, and may be used with confidence for its action upon the irritable heart, and in pulmonary congestion, typhoid fever, etc., when there is a deficient heart action. In angina pectoris, after the "quick spur" nitro glycerine has relieved the most acute symptoms, *strophanthus* should be given in full doses and for a long time. *Strophanthus* is very much superior to *digitalis*, more prompt in its action and more permanent in its effects. When combined with strychnine it is a most valuable agent in fevers and weak states of the cardiac system.

Strychnine is our most valuable and reliable heart tonic. If given before chloroform anaesthesia it prevents cardiac failure, and is invaluable in the case of a weak heart from any cause, on general principles. It is not so well borne by the young and those older in life. Dr. Brunton says strychnine may have some cumulative action by contracting the arterioles

and thus hindering elimination. There is danger in giving strychnine to patients who have arrived at the degenerative age, and especially in all cases of cirrhotic Bright's disease, chronic gout, and syphilis, or where a patient has thickened or tortuous blood-vessels, or even where there has been a hereditary tendency to apoplexy. If the remedy is to succeed, improvement must be quick.

For a quick spur nitro glycerin is not a heart tonic. It is contra-indicated in weak states of the system, and especially in surgical shock. It is a motor depressant, and its too free use may be fruitful of harm.

Adonis Vernalis—false hellebore—The effects of this drug are similar to those of digitalis, but while it raises the arterial tension, lowers the pulse rate, and increases the secretion of the kidneys, it is more prompt in its action, non-cumulative in its effects, and less liable to cause nausea or produce vomiting. Hence it is to be preferred to digitalis in those cases where a more prompt action is desired or where the latter disagrees. Dose Flu. ext. one or two drops at intervals of three or four hours, cautiously increased.

The indications calling for cactus are feeble, irregular, quick, nervous, irritable pulse; oppression in the chest as if in an iron grip; unpleasant pain, heart stitches, palpitation, mental depression, hypochondria. Cactus is principally used in heart conditions of a functional character.

Crataegus Oxyacantha follows closely the indications for cactus, with the fact of more reliability in action, and the service of a long continued use, with strong point of extra merit in senile feeble condition of the heart. In the threatened heart failure of the aged it is *the* remedy. In any functional disturbance, acute or otherwise, it will be found of special worth.

Apocynum Can. is used in the persistently slow and soft pulse, the opposite of Veratrum.

Spartenine is of value in nervous irritability in weak and flabby hearts and in myo-cardial weakness, or pathological conditions following infectious fever. Most valuable when prolonged use is indicated. It is rapid in action, and in urgent cases could be employed for its prompt effects. Spartenine is especially suited to the aged, and where a heart tonic must be continued for very long periods. The dose of spartenine is just enough to impart the requisite tonicity to the pulse and remove flabbiness of vessels, viz., one or two grains a day in divided doses.

Caffine is of considerable service in heart complications where the kidneys are affected or suspected. Veratrum is frequently thought of in combination.

Belladonna, like Veratrum, acts on the vaso-motor nerves, contracting the abnormally dilated capillary vessels. Both relieve congestion, but the condition is directly opposite. Atropine is of especial value in cases of cardiac insufficiency accompanied by bronchorrhoea.

Other heart drugs might be compared with profit. In all that has been said I desire to emphasize one fact, and that is the dual action of nearly all of these remedies in large doses. In small doses they give a medicinal result and in large doses they depress the action of the heart. We hear the complaint of practitioners that they do not get good results from their remedies, and on investigation we find they give too large a dose, hence the depressing effect.

Oliver Wendell Holmes says "science is a first rate piece of furniture for a man's upper chamber if he has common sense on the ground floor, but if a man has not got plenty of common sense, the more science he has the worse for his patient." Medicine as an exact science is still in an



embryonic state, but such rapid progress is being made that we are passing into a more developed condition.

Guess work is giving place to precision, and precision is producing known results in therapy. The practitioner who hesitates to trust and utilize the known qualities of Veratrum, or claims it to be variable and too treacherous for general use, should be reminded that a knowledge of the proper dose, use, and indicated selection of cases is necessary for success; that we are not dealing with a general, but a special drug; that we cannot prescribe any positive remedy—be it narcotic or otherwise—“*on the general principle*” idea, or in a haphazard way.

In Veratrum, like all other medicinal agents, the intensity of its force is proportionate to the quantity administered. It has no dual action. It is not erratic in its action, but operates in the same characteristic manner, the symptomatology being the same. In septic conditions the usefulness of Veratrum is apparent from the verified physiological action observed. The desired point in septic disease is relaxed arterial tension, or congestion. In the physiological drug action of Veratrum Viride, all things being equal, we expect and get this drug action in pathological conditions whether they are produced by pneumonia, or pus formation, as in abscess, or after surgical work, in erysipelas, ulcers, in preventing puerperal fever and other similar conditions.

At the present time it is quite the fad to embrace anything and everything at the expense of drug quality, and in a very large per cent. of cases to the detriment of the body requirements. The search for cures in serums, antitoxines, mysterious chemical compounds and other outside “*what nots*” has lead us too often, I believe, to forget the curative powers of many drugs which possess the greatest value as therapeutic agents.

I do not have much patience with the idea of substitutes in medicine. Too much is expected of them. I need not cite instances or call up methods. At the end of the present fad life we may expect the resumption of drug study and therapeutic opportunity.

“Seize upon Truth wherever found  
On Christian or on Heathen ground.”

Statistics tell us that the death rate from pneumonia has increased from the year 1870, and that the increase in the years 1900 and 1901 was alarming.

Dr. William Osler, says that “the profession ought to be doing something systematic and energetic to reduce the mortality from pneumonia. Hospital physicians should give more attention to the systematic study of their cases.” Dr. Osler’s words are but a fair sample of very many thinking minds. To our mind, the increased death rate in pneumonia is due to the fad followers in modern medicine; to the routine practitioners; to the men who are swayed by the German methods and German made compounds; to the users of coal-tar depressants; to the men who depress the heart and then try to lift it up by stimulants; to the men who push digitalis to its utmost in every case of pneumonia; to the men who say: “You know there are *no specifics* for pneumonia.” The common people are learning these things more and more. Excuses will not always be taken. The practice must be revised and results shown or our professional life ends. The confidence favored us in the past by the common people will be replaced by reproach. Let us return to the old, or at least to the selected part of the past favored treatment of our teachers and thinking minds.

Dr. H. D. Quigg says, “the statement has been made that modern medication has not curtailed the mortality of pneumonia. I believe this is largely due to er-

rors of treatment. After making sure of my diagnosis I give my attention to the treatment, rather than to technical diagnosis or etiology. I hope none of our school will ever be classed as routinists, yet in the majority of pneumonias we use nearly the same treatment, and of all the remedies at our command, the best in my judgment is *Veratrum Viride*. It can properly be called the "sheet anchor;" other remedies when compared with it sink into insignificance. It is a heart tonic fully equal to *digitalis*, and if given early *Veratrum* will abate the diseased condition. The great objection raised against this drug is that it depresses and weakens the heart. With due care in the administration of the drug, and in indicated cases, the heart should not be weakened; in fact the quieting of the arterial excitement rests the heart."

Dr. T. G. Stevens has been using *Veratrum Viride* in pneumonia for years, and has learned to rely on the remedy. "*Veratrum*," says the doctor, "is more efficacious in pneumonia than quinine in ague"—certainly a strong statement.

Dr. R. Hegg says, "in looking over the field of the usefulness of *Veratrum* in pneumonia, we find the majority of cases with the full bounding pulse during the congestive stage, hence *Veratrum* will open up the way for further treatment and a decrease in the mortality for pneumonia." He also remarks, "do not have too much confidence in the 120, mostly German mixture, new drugs."

American medical students and graduates cannot be taught too earnestly to respect the work of their own countrymen, and not look abroad too exclusively for knowledge and quality.

Dr. J. W. Fyfe says, "It is one of our best remedies in wrongs of the lungs. Under its influence the heart's action is improved, the pulse soon lowered, secretion established, breathing made more easy

and expectoration more free. Some doctors prescribe *Veratrum* in nearly all of their cases of pneumonia, but in this, as in all other wrongs to be corrected, the full and bounding pulse may be taken as the specific call for its aid. Ten to twenty drops of specific *Veratrum* to four ounces of water administered in teaspoonful doses every half, to every two hours.

Thus I might call attention to a large number of our every day physicians who use this agent with confidence and good results.

The one characteristic symptom of early pulmonary tuberculosis is a slight elevation of temperature. Septic germ habitation requires a temperature above 98 2-5°, to multiply and prosper. Therefore by keeping the body temperature slightly below or at the normal temperature, the mischief-making microbe multiplication is prevented and their activity destroyed. The condition occurs only when the germs are too numerous, their invasion too protracted, or too pronounced in character.

I would suggest for treatment in your early tuberculous cases, together with well regulated diet, hygiene, normal sleep—and more of it, home advised out door life, minus climatic temperature conditions. To my mind, absolute selected climatic conditions, practically, have very little to do with a successful treatment of chronic pulmonary disorders. The medical part of keeping the body temperature a trifle below or at the normal point with *Veratrum Viride*, the one remedy together with the persistent use of *echinacea*—from its well known power of elimination of morbid products, forms the basis of a successful treatment. I would call your attention to a pretuberculous dyspepsia, due to a deficiency of hydrochloric acid in the gastric juice. On account of this alteration in the gastric secretion a septic condition of the mucous membrane is produced by fermentation. The cachexia which is also ap-

parent in these patients is accompanied by devitalization of the tissues, resulting in a decrease in the resistance to tuberculous attacks. For correction of these morbid processes it is recommended to combine *Veratrum Viride* and *echinacea* in small doses. They combat the subacidity in the early stage of the disease, re-establish the normal aseptic state of the stomach, and act as a direct antiseptic against the bacilli of tuberculosis, which multiply in the stomach of most tuberculous patients.

In the more advanced stage of phthisis when great dyspnea is present, and the patient is more or less cyanotic, *Veratrum* combined with *guebacho* and *jamaica dogwood* is indeed valuable.

I can think of no condition more startling to practitioners of medicine, than the development of puerperal convulsions. The experience with the use of *Veratrum* in this undesirable condition from the hands of its friends are so forceful and clear in tone, that I quote fair samples.

Richard C. Norris, M. D., Physician in Charge, Preston Retreat, Philadelphia, says: "During the past year I have directed, in hospital and consultation practice, the treatment of at least eighty cases of eclampsia, and in the majority of those cases I have employed the fluid extract of *Veratrum Viride*, in conjunction with other means of treatment. My experience has made me believe in its value, has taught me the class of cases in which I think its employment is indicated, and has also taught me the dose and quantity to be employed with safety. Believing that the convulsions of puerperal eclampsia are in part the result of the irritant action of toxins upon the circulation, and having observed the rise of arterial pressure prior to a convulsion and a corresponding decrease of the severity and frequency of the convulsions with lessening of pulse frequency and tension, I have employed *Veratrum* to produce the latter changes in the

circulation with the most satisfactory results. The class of cases for which I have found this drug most useful is that with a full, quick, high-tension pulse, where consciousness returns in the intervals between convulsions, and where the accumulated toxins evidently have not overwhelmed the patient. When the pulse is feeble and rapid, the patient profoundly toxic, I have never seen any benefit from *Veratrum*."

Edward P. Davis, M. D., Professor of Obstetrics in the Jefferson Medical College, says: "In my experience *Veratrum Viride* is very useful in the treatment of eclampsia. In cases with full heavy pulse, and increased pulse tension, it lessens arterial tension, slows the pulse, diminishes the tendency to convulsions, and promotes the dilation of the cervix uteri. This last result is quite as important as the effect produced upon the pulse. I have seen the best results by giving the tincture hypodermically in doses of ten drops, repeated every hour until the pulse falls below 90°, and its tension decidedly lessened. I have seen no untoward result accompany or follow its use."

Barton Cooke Hirst, M. D., Professor of Obstetrics in the University of Pennsylvania, says: "I have employed *Veratrum Viride* in eclampsia for some twelve or thirteen years, and have great confidence in its efficacy. I have seen it reduce the pulse to 60°, or below, in a few minutes, and as long as the pulse was so reduced the convulsions have not reappeared. I usually give fifteen to twenty drops of the fluid extract hypodermically as the first dose, and repeat it in five drop doses if the pulse rises in rapidity. I have once or twice seen poisoning result, but it was not serious and was easily manageable by stimulants. As you may imagine, the drug is most valuable in cases with a strong bounding pulse with suffused face and danger of cerebral apoplexy. In an



asthenic kind of case with feeble pulse and pale face I would not employ it."

Veratrum in cardiac disturbances at the hands of Dr. A. S. Tuchler—and the doctor is far from a novice in heart conditions—has proved valuable. He gives his experience in the case of Mrs. H., aged 25, married. "She complained of frightful pain in the region of the heart. Temperature normal, pulse 80—small, hard and irregular. Heart very much enlarged—the apex impulse beating against the thoracic wall was with the violence of a trip hammer and irregular. Blowing sounds over the aortic and mitral valves. She was unable to swallow. Suffocation also added to her deplorable condition owing to the weakened valves of the heart and a consequent congestion of the respiratory organs. Complained of considerably dryness of the throat. History of inflammatory rheumatism some years ago which left the heart in a pathological condition—this attack was caused by overwork. I gave her immediately ten drops of specific Veratrum hypodermically, followed in one half hour by five drops. Applied a rubber bottle filled with hot water over the seat of pain, and ice in the mouth for thirst. By the end of the hour the heart calmed down to nearly normal, followed by a gradual amelioration of all the symptoms. The pulse at the wrist became full and soft, the mucous membrane of the mouth became moist and could swallow a little, but the pain somewhat persisting, I prescribed:

Sp. Veratrum, gtts xv.

Sp. Bryonia, gtts x.

Glycerine, ʒ 5.

Aqua q. s. a. d. ʒ iv.

Sig. One teaspoonful every fifteen minutes for four doses, then every half-hour, after which every hour.

"On previous occasions she has nitroglycerine, digitalis, strophanthus, followed by whiskey, with the result that she was

confined to her bed two or three weeks, instead of two or three days as in the present case. She now has a one-half ounce vial of the above, duly labeled, in her purse when she goes out, so that when an attack comes on, the medicine can be administered, affording her quick relief."

This, as a sample of reported cases, leads up to thought of the possibility of good to be derived from the use of Veratrum in heart complications, and I hope the doctor will, at no distant day, give the profession in a more extended way his experience with Veratrum on these lines.

In hypertrophy of the heart, and irritable heart, where the pulse beat is very quick and full, the action of Veratrum Viride is most satisfactory. It slows the heart by its regulating action, and this is accomplished without weakening or depressing the heart.

In aneurism with the abnormal tension of the arteries, together with correct diet and rest, Veratrum is a most valuable agent.

Dr. C. O. Hertz says, "that in articular rheumatism he prescribes Veratrum locally on the swollen and painful joints making use of the following: Veratrum one or two parts, tinct opii, one part, glycerine two parts. He has never experienced any absorbing influence." In acute articular rheumatism, Veratrum, given by the mouth, lessens pain and promotes elimination of the inflammatory product.

The sick headache which occurs during or after menstruation may be prevented by giving Veratrum and belladonna.

R̄ Flu. ext. Veratrum Vir.

Flu. ext. Belladonna a. a. xv-xxgtts.

Aqua ivʒ.

Mix. Sig. one teaspoonful every three or four hours. The belladonna is given to allay gastric irritation and the Veratrum to allay arterial tension.

For the woman suffering at her menopause from nervousness, dizziness, hot-

flashes, headache, etc., a favorite formula is:

℞ Flu. ext. Veratrum Vir.  
 Flu. ext. Belladonna a. a. gttss. xx.  
 Amonium Bromide i-ii℥.  
 Aqua (or syrup) iv℥.  
 Mix. Sig. one teaspoonful every three or four hours.

In headache due to cerebral congestion from exposure to the sun's rays there is no agent which acts more happily than Veratrum Viride. In these cases drop doses every hour, or every half hour will produce results which are speedy and satisfactory. In fact I have never seen a patient with scarlet fever suffer from cerebral congestion, convulsions, or any other complication when the temperature was kept in reasonable bounds.

In Bright's disease, where there is abnormal tension of the arteries, Veratrum is of great value.

In exophthalmic goitre, some of the ablest observers have found Veratrum Viride worthy of confidence. It has been observed that Veratrum Viride, in its physiological action is antagonistic to the symptoms of exophthalmic goitre, and is therefore rationally a remedy. Veratrum Viride proves a most excellent remedy in the toxemia of acute alcoholism. As a local application in the tipplers, or rum nose, its use, in a single case, will not decrease our reputation. In felons, boils, orchitis, glandular swellings, etc., a lotion, glycerole, or cerate of Veratrum should be used with confidence.

In eruptive and malarial fevers, in croup, in meningitis, laryngitis, bronchitis, the characteristic pulse being present, the Veratrum force is eminently useful. Chronic pathological conditions with evident derangement of the sympathetic nerves should receive a graduated quantity of the Veratrum force.

We can recall the late Dr. R. S. Ged-

des by the expression, "Veratrum is a great promoter of appetite, and in chronic diseases Veratrum is the alterative.

Prof. A. J. Howe says "as an alterative Veratrum Viride takes a high rank, it improves the appetite and favors assimilation by exciting the lactral and lymphatic system generally." He also says, "it tends to correct the menstrual functions, restraining a too frequent and profuse flow and exciting to greater activity a scanty and tardy menstruation."

In determination of blood to the brain in active delirium, Veratrum alone, or in combination with gelsemium, piscidia or the bromides should be considered.

The cerebro-spinal system, from a physiological point, comes within the Veratrum domain, and when the indicated pulse is present it can be given with the fullest confidence.

In fact Veratrum is indicated in all pathological conditions, regardless of name, when we find the full bounding pulse. It is not a specific for any disease, but holds specific therapeutic power that can be placed whenever we have the characteristic pulse. The correct Veratrum pulse is the full and frequent pulse, the full, frequent and hard pulse, the hard pulse, the hard and wiry pulse, the small and hard pulse; each, as a rule, demands the Veratrum force and influence.

Tongue indications for Veratrum are a clear, deep, red streak running through the center; this red streak often becomes dry if the tongue is coated; the coating is on both sides of this streak. This condition to my mind is quite characteristic of irritation of the sympathetic nerves.

The antidote for toxic effect of Veratrum Viride is Tinct Opium—not morphine in any form.

Usual prescription Sp. Veratrum Viride gtt.v-xx. Aqua ℥iv.

Mix. Sig. one teaspoonful every half

hour to three hours. When crisis occurs the doses should be diminished or stopped. In the selection of dose, habits and environments are important factors to be considered.

Of the many preparations on the market my experience would cause me to name those of \*Parke Davis & Co.'s Fluid Extract; Lloyd's Specific Medicines, and Luyties Mother Tinctures as the best.

\*My thanks are due to Parke Davis & Co. for much valuable assistance rendered during my investigations of this drug.

The discussion of this interesting paper will be reported in "The Review" for May.

PITTS EDWIN HOWES, M. D.,  
Secretary.

## ECLECTIC MEDICAL SOCIETY OF THE CITY AND COUNTY OF NEW YORK.

New York, March 19, 1903.

The regular monthly meeting of "Eclectic Medical Society of the City and County of N. Y." was called to order by Pres. Herzog, at the "College Parlors." Thirty members responded to the roll call.

Dr. A. Bowen and Dr. Sturm were unanimously elected members of the society.

Dr. Boskowitz reported a case of hicough which resisted the usual remedies. After a week of repeated paroxysms he tried twenty-drop doses of passiflora with two-drop doses of capsicum often repeated with immediate results. The medicine after the tenth dose was discontinued by mistake on the part of the nurse, with a return of the hicough, but on continuing the medicine the paroxysms were immediately controlled.

The doctor also reported a case of uterine hemorrhage due to fibroids, which on a previous hemorrhage responded to the anodal galvanic current. In the present con-

dition he gave the following with excellent results:

R Specific capsella fl.  $\bar{5}i$ .

(Shepards purse)

Aqua fl.  $\bar{5}iii$ .

M. et signa  $\bar{5}i$  three times daily.

Dr. Thompson reported a case of pneumonia with pregnancy ( $7\frac{1}{2}$  months), 34 years, seventh child.

Developed with a chill followed by a subnormal temperature, pulse 130, lower right lobe and upper left lobes consolidated, delirious.

Remaining in a moribund condition until the fifth day when premature birth occurred, after which the patient seemed to rally.

On the tenth day the patient still with subnormal temperature seemed convalescing. While attempting to nurse the child on the twelfth day, she died suddenly due to the exertion caused by the effort.

During the complete course of the disease the temperature remained subnormal (both rectal and oral).

Dr. Grant McGinnis reported a case of carbolic acid burn.

The following delegates were elected to State Society: Drs. Bernstein, Nettle, Spier, Sillo, Bloomer, Van Forckenbeck, Sturm, Kirally, Harris, Bowen, and H. Scimeca.

The society then adjourned to meet March 26th, 1903, at 9 P. M.

The adjourned meeting was called to order by Dr. Morhard, owing to the absence of the president.

Twenty-five members responded to the roll call.

Dr. Boskowitz reported the deaths of Prof. Yarnall and Dr. R. S. Newton.

A committee was appointed consisting of Drs. Boskowitz, Krausi and Birkenhauer, to draft resolutions.

Cases of interest were reported by Dr. Hyde and Dr. Schultz.

The chair ordered the Committees on



"Delegates" of the N. Y. County Society to hold a joint meeting with the Kings County Society, at the College Parlors, April 6th, 1903, at 4 P. M.

No further business, the society adjourned.

W. L. HEEVE,  
Secretary.

### KINGS COUNTY ECLECTIC MEDICAL SOCIETY.

The regular monthly meeting of the Kings County Eclectic Medical Society was held at the office of Dr. M. B. Pearlstien. Dr. Palmitier presiding, on March 16, 1903. After the general routine of business and discussions, officers for the new year were elected:

Dr. H. Stoesser, president; Dr. H. S. Mason, vice-president; Dr. J. A. Nordbrock, recording secretary; Dr. M. B. Pearlstien, financial secretary; Dr. A. L. Palmitier, treasurer.

On motion the election of the board of censors was postponed till next meeting which will be held at the office of Dr. J. A. Nordbrock, 1260 Jefferson Ave., on April 20 1903.

J. A. NORDBROCK, M. D.,  
Secretary.

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## QUERY DEPARTMENT.

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Conducted by  
PITTS EDWIN HOWES, M. D.  
Boston, Mass.

All communications for this department should be addressed to PITTS EDWIN HOWES, M. D., 703 Washington Street, Dorchester District, Boston, Mass., and must be received by the 25th of the month in order to be answered in the next number of the REVIEW.

H. E. C. Will you kindly state in the next number of the REVIEW what remedies would be useful in a hard dry tenacious cough?

The Eclectic Materia Medica presents a very large variety of medicines which can be used to good advantage in curing the

many kinds of cough which present themselves for treatment. The more common among them are piscidia, lobelia, ipecac, bryonia, sanguinaria and drosera. For a cough, of the above described nature, I would try sp. tinct. sanguinaria gtts. xx., sp. tinct. ipecac gtts. v., aqua  $\text{ȝiv}$ . S. teaspoonful every half hour to every 2 hours according to the severity of the cough. Sometimes the bryonia can be substituted with good advantage for the ipecac, especially if there is the hard tensive pain in the right lung.

J. E. B. Does a severe attack of pertussis render a person immune from a second seizure? Generally speaking, pertussis does not occur but once, yet cases have been reported when the second invasion has manifested itself. This is particularly true of those persons who suffered first in early infancy.

C. E. P. Does the presence of the Loeffler bacillus in a throat culture always indicate that the person is ill with diphtheria? By no means. Many times a culture can be taken from a healthy person, and the examination will reveal the bacilli. There are no signs of disease. The strong vitality of the person infected will counteract the noxious influence of the microbes and render it inert. If, from any cause, the vitality is lowered to such an extent that the influence of the bacilli is dominant then diphtheria follows.

H. T. K. What are the best methods of preventing the spread of scarlet fever? First isolate your patient and his nurse. This should be done by placing the patient in a room from which every superfluous article has been removed. This room should be the sunniest one available. Place a sheet moistened with a reliable antiseptic before the door. On the first appearance of desquamation anoint thoroughly with an antiseptic ointment; this should be repeated twice daily until the desquamation has ceased. All bedding and other articles used should either be burnt or else subjected to a powerful antiseptic process.

Case 4041. A lady eating her breakfast attempted to swallow several large pieces of beefsteak. They lodged part way between the mouth and stomach and all efforts to remove them proved unavailing. Two physicians were summoned. The first attempted by means of a stomach tube to force the pieces into the stomach. The attempt was unsuccessful. The other proposed injecting 1-20 grain of apomorphia. Within five minutes of the hypodermic the patient vomited quite freely and brought with the liquid several large pieces of meat and all dangerous symptoms were passed.

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### COUGHS.

All coughs are either moist or dry. A moist cough is nearly always paroxysmal; expectoration is usually most abundant in the morning. This cough, like all others, is often nearly or quite suppressed toward the fatal end of most grave diseases, owing to carbon dioxide narcosis.

Anatomically, most coughs are either pulmonary or bronchial. The pulmonary class is marked by more or less percussion dulness, and by double subcrepitant and inspiratory crepitant rales or bronchial breathing. The bronchial class is marked by soreness, oppression, pain and irritation in the upper sternal region, and by moist double rales.

A dry cough is usually short, sharp and hacking, though sometimes paroxysmal. Reflex forms are generally quickly relieved by treating a local cause, or they may be produced artificially by irritation of the affected locality. There is inability to cough in bulbar paralysis and extensive destruction of the larynx. A dry, pulmonary cough is accompanied by broncho-vesicular or bronchial breathing and impaired resonance.

Dry bronchial coughs are tight and harsh, with sonorous and sibilant rales.

Laryngeal coughs are hoarse, harsh, deep and rough, with altered voice and

laryngeal pricking, burning and soreness, and a constant desire to clear the throat.

The pharyngeal cough is accompanied by a pricking feeling in the throat or feeling of fulness.

Nasal coughs are marked by local signs and by "hawking" down mucus from the posterior nares.

The faucial cough is usually worse on lying down, and is attended by a tickling in the throat.

The oral cough is due to irritation of tongue or teeth.

Aural coughs are due to irritation of the auriculo-temporal branch of the fifth nerve, and may be accompanied by considerable expectoration.

Pleuritic coughs are generally painful, with quick and painful breathing, and often friction murmurs or flatness.

Pressure on the respiratory tract by tumors or pseudo-tumors excites a cough, which is laryngeal in character.

Visceral disease is a rare cause of cough, and diagnosis should be made by strict exclusion.

A uterine cough is hacking, very painful and tiring, and repeated two or three times in succession. It is excited by the least irritation.

Nervous coughs deserve considerable attention. They are periodic or paroxysmal, usually high-toned, quite variable, slight or prolonged and painful. Two important general characteristics are that they disappear entirely during sleep, and are accompanied by no secretion whatever. On auscultation there are sometimes wheezing, rattling, scraping sounds, and there may be spasms, convulsions or aphonia.—*Denver Med. Times.*

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Nitrate of uranium is curative in diabetes attended with constant dribbling of urine. Dose: Ten drops of the solution of ten grains in an ounce of water, to be administered three times daily.—*Summary.*

## THE BILL OF FARE FOR CONSUMPTIVES.

Robin (*Bull. Gen. de Ther.*) advises a large glass of milk on waking, with a dash of vichy water. Breakfast at 8, with a piece of fat steak or a cutlet, two soft eggs, a little toast, oatmeal with abundance of cream, but little sugar, and two glasses of milk or a cup of coffee. At 9, cod-liver oil and a little milk or a glass of milk with the yolk of an egg. At 10, a large cup of beef tea made from raw meat, after which the patient lies down until noon. Dinner at 12.30, with fish, rice, chicken, cauliflower and a slice of well-buttered bread, one or two glasses of milk and baked apples and cream. At 2, cod-liver oil or milk with the yolk of an egg. At 4, sandwich of scraped raw beef, and rest or sleep till 6, when the supper can consist of beef, fish, mutton or raw beef, with spinach cooked in cream, and blanc mange or vanilla ice cream. At 8, cod-liver oil or milk and yolk, and at 9 or 10, a glass of iced or very hot milk or a cup of good beef tea. At night, if wakeful, a glass of milk at 1 or 2. This regime is tolerated by nearly all patients and has given the best results in his extensive experience. Milk is the constant beverage.

## INTERNAL ORGANS WHICH MAY BE INFLUENCED REFLEXLY BY APPLICATIONS TO DEFINITE AREAS OF SKIN.

The *brain*, by applications to the head, neck, face, hands and feet.

The *nasal mucous membrane*, by applications to the neck, face, upper dorsal spine, hands and feet.

The *stomach*, by applications to the lower dorsal spine and the epigastrium.

The *kidneys*, by applications to the lumbar region, the lower portion of the sternum, and the feet.

The *bowels*, by applications to the feet and the abdomen.

The *bladder*, by applications to the feet and lower abdomen.

The *liver*, by applications to the lower right chest.

The *spleen*, by applications to the lower left chest.

The *lungs*, by applications to the chest and the thighs and to the upper dorsal region.

The *uterus*, by applications to the lumbar region, the abdomen, the breasts, the inner surfaces of the thighs, the feet, and to the cervix uteri through the vagina.—*Ex.*

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Czarnecki says (*Berliner Kl. Wochenschrift*) that a young girl inserted a metal box, 10x4 cc. in size, into her vagina during her first menstruation, to check the flow. She could not remove the box, and acquainted no one of its presence, not even her husband. She subsequently aborted, and the box slipped into the uterus. She again became pregnant, and before delivery of the child could be accomplished the box had to be removed with forceps. The box had remained in the vagina for thirteen years, and eighteen months in the uterus, without giving rise to any disturbance or inconvenience.

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HAEMATURIA.—Tincture of guaiacum, in doses of half a drachm to a drachm, in milk, every four hours, is considered, by Levy, a very valuable remedy in haematuria.

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Aconite is best adapted to the fever of acute inflammatory conditions, such as tonsillitis, pharyngitis, etc. It is also of service in catarrhal fevers, the result of chill.—*Medical Times.*

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Sparteïn is recommended by Dr. Germain See as the remedy par excellence in all cases of cardiac affections, nervous disturbances of the heart accompanying hysteria, chorea, etc.—*Summary.*



## ITEMS.

State of New York—State Civil Service Commission. Examination for physicians, first and second grades. At a meeting of the State Civil Service Commission held November 9, 1900, it was decided to accept in lieu of the examination heretofore required by the Commission for the position of physician, first and second grades (including the position of medical interne in the State hospitals) the examination for license to practice medicine in this State conducted under the authority of the University of the State of New York, and to enter accepted applicants for such positions upon the eligible list in accordance with the ratings obtained by them in the examination for license to practice. In accordance with this action, the names of persons whose applications have been accepted by the Commission and who have passed the examination for license to practice will be entered on the eligible list from time to time as their applications are received. Persons licensed to practice prior to the requirement of examination by the State Board will be examined by the Commission.

The positions are open to men and women. The salary in most cases is \$600 and maintenance.

Persons desiring to obtain a place upon the eligible list must file applications on the forms provided by the Commission. Such forms will be furnished on application to Chief Examiner, State Civil Service Commission, Albany, N. Y.

A cordial invitation is extended to our friends to attend the Commencement Exercises at Carnegie Lyceum, May 6th. The address to the graduates will be delivered by the Honorable Norman S. Dike.

The fifty-eighth annual Commencement of the Eclectic Medical Institution was held at Scottish Rite Cathedral, Cincinnati, on

April 14th. There were forty-five in the class.

*Menstrual Disorders.*—In disturbances of the menstrual functions Hayden's Viburnum Compound has gained the reputation of a standard remedy. In those forms of menstrual disorders in which there is no organic disease but a functional disturbance, its continued administration in connection with appropriate hygienic regulations, has often been sufficient to produce a cure.

M. Skow will deliver the Valedictory at the Commencement, May 6th.

Dr. H. S. Blackfan, of Cambridge, is kept busy every moment. It was a great sacrifice for him to attend our State meeting. He informed us at the meeting that he could place two or three hustling young men in his neighborhood and insure them good practice.

The Beachonian dinner will be given at the Circle Hotel.

Book Reviews have been crowded from this number. They will appear in the May issue.

The long looked for book, Fyfe's "Materia Medica," has arrived and can be had at the college.

The Alumni Association of the Eclectic Medical College of the City of New York will meet Wednesday, May 6th, at 1 P. M. All are invited.

Prepare your papers for the "National."

Ladies bowling night at the Eclectic Club has proved a great success.

We had a pleasant, though short, call from Prof. John Uri Lloyd. The Professor was looking well, though a bit lonesome.

# THE ECLECTIC REVIEW.

EDITOR: G. W. BOSKOWITZ, M. D.

VOL. VI

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NO. 5

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## THE FORMULARY.

(Fyfe's *Materia Medica*.)

In a review of Dr. Fyfe's excellent book, "The Essentials of Modern *Materia Medica* and Therapeutics," Dr. H. W. Felter in the *Eclectic Medical Journal* for May says: "The work ends with a formulary, the use and purposes of which we cannot divine." And again in the same article he says in reference to this formulary, "Reminds one of the Newtonian days, and does not at all represent Eclecticism of today." You will notice the conceit of H. W. F. If you want to know what represents Eclecticism, ask him. He's the Oracle. That which does not suit him is not Eclecticism. Of course not. He has said it. Who dare contradict? I, who happened to compile this formulary, the "use and purposes" of which this great man cannot divine, was a student of R. S. Newton and have watched him handle a very large practice, and believe that he was a great doctor. A wonderful therapist. That he did a giant's work for Eclecticism, his most jealous rival cannot deny. So if this formulary, "the use and purposes" men with one idea cannot divine, dare smack of "Newtonian days," it may benefit students and practitioners to consult it, for it does contain some of Dr. Newton's ideas as to the combination of Eclectic remedies, and that, Dr. Felter, is one of its principle uses and purposes.

We, in this part of the country, although believers in Specific Medication, devoting much time to its study, and believing we are up-to-date Eclectics, find that in many cases we have to combine our drugs to get the best effects; that some times we have to use the present nosology, as well as the specific indications, to properly express in a comprehensive manner the condition of a patient, and that a combination of drugs for such conditions may be a necessity. Combinations that have been tried many times

and found useful are in this formulary. If Dr. Felter desires any further explanation of its "use and purposes" he can apply to  
Yours truly,

G. W. BOSKOWITZ.

## THE MAY REVIEW.

This month, desiring to give to those members of our State Society who were so unfortunate as not to be able to attend the very interesting meeting at Albany and to the graduates of our college who were detained by press of business from Alumni meeting and commencement, some idea of these pleasurable and profitable gatherings, we have enlarged this number many pages, giving the report and addresses of the commencement and many of our State papers. We hope this will prove of interest to our readers, and now that the important events in our State are over, let us turn our attention to that event which is the most important one in the year—or should be—with every progressive Eclectic.

## THE NATIONAL.

Every one who can should attend it and take an active interest in its work. The officers have diligently labored, and the program is a most excellent one. Let the delegation from the East be a mighty one.

## W. R. HAYDEN, M. D.

It is sad to record the death of great and useful men, and this sad duty has devolved upon us all too frequently this year. And now we are called to record the death of our dear friend and co-worker in Eclecticism, Dr. W. R. Hayden, who died April 29th, after a lingering illness. The profession generally will always associate his name with that beneficent compound that has proved such a boon to humanity, "Hayden's *Viburnum Com-*



pound." For many years Dr. Hayden was a regular attendant at our College and State meetings. A broad and liberal thinker and writer, his presence at these gatherings was always a source of pleasure and encouragement to those in attendance. Of late years he has been too ill to travel, but at almost every meeting we have had a hopeful, enthusiastic letter from him. We shall all miss him and extend to his family our heartfelt sympathy.

### NEURITIS OF THE MUSCULO-SPINAL NERVES.

Due to Injuries Received from Hanging to Car Straps, Illustrated with X-Ray Photographs.

BY LEE H. SMITH, M. D.

Read at the Meeting of the Eclectic Medical Society of the State of New York, April, 1903.

Mr. President and Gentlemen:

The malady which I call to your attention today is one very common in its character, affecting one out of every five or six persons, and which has appeared upon the medical and surgical horizon within the past two years. It comes with the advent of the swift running trolley, and the sudden curves and turns in the car by which the passenger in the crowded car, and relying upon the strap for his support, is swayed from one side to the other with great suddenness and force. Not only is the shoulder joint given a severe and sudden wrench while in passive condition, but the tendons of the joint and the nerves supplying the arm are bruised or stretched to almost the extent of producing acute sprain. In some cases acute sprain is the result. One can readily appreciate how a ball-and-socket joint can be. Owing to the peculiar position in which the arm is held in hanging to the car strap, we have the most favorable condition of affairs for an injury. The

X-ray photograph which I show you, which gives the positions of the bones and ligaments, as well as a faint shadowing of the muscles, will give an idea of the anatomy of the joints, and a very favorable state of affairs for the production of traumatism as a result of this great mechanical strain applied when the joint is in an unexpectedly passive condition. In this way we have a traumatism established, after which we have, of course, a climate that favors the development of rheumatic neuritis and rheumatism of the shoulder joints.

We then have the common practice of individuals of retiring at night with a very thin nightdress and sleeping with the shoulders almost completely exposed to the cold air. The temperature in the furnaces is allowed to diminish very much at night time and commonly the windows are open, and we have the evil effects of cold superadded to a traumatism, and the result is the numerous cases of this neuritis of the shoulder. The pains extend more or less down the arm, sometimes to the fingers, and a general affection that is more trying. Men and women in otherwise perfectly robust health are attacked; in fact, those who are most active and most subject to the original traumatism from frequent journeyings to their work, are the ones who are the most bothered with the affection. Pretty women seldom have it because they get seats.

I presume that within the past two years I have seen between seven and eight hundred cases of this affection.

It is unnecessary for me to go into the detailed symptoms of the neuritis; you are all well acquainted with its manifestations, and also of the rheumatoid form of the affection in the shoulder-joints. The treatment is likewise of a character that need not be discussed here. The treatment that relieves traumatism and of sprain is applicable, but must be associated with remedies for the rheumatic con-

dition of the system. Of these probably the salicylates and colchicum, with local application of galvanism, using Tinct. of Iodine (colorless or colored) upon the positive pole and applying it over the seat of injury. This local application is apparently, when suited in intensity and frequency, to the stage of the malady, perhaps the most generally beneficial treatment.

I have here a number of X-ray photographs taken in cases of this affection, and which reveal the tumefaction of the tissues surrounding the joint and the point where the greatest injury is likely to occur, which is directly opposite the process of the scapular bone where it strikes the head of the humerus.

Buffalo, N. Y.

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### PRACTICAL HINTS ON THE POWER OF SUGGESTION.

BY J. THORNTON SIBLEY, A. M., M. D.

Read at the meeting of the Eclectic Medical Society of the State of New York, April, 1903.

In the whole field of psychological investigation, there is no one thing of such supereminent importance, no one thing of such sublime interest to the humanitarian, in or out of the medical profession as the practical application of the laws of psychic phenomena in restoring to health and comfort, those who suffer the disabilities and pains of mental and physical abnormalities; and the ease and certainty with which distemper, functional and nervous conditions can be overcome through these laws, can be appreciated and enjoyed only by those who have witnessed the wonderful and sometimes startling effects of suggestion in relieving distressing pathological conditions.

Inordinate enthusiasm on the part of those who are familiar with the power of suggestion is both natural and pardonable; but when this enthusiasm leads its possessor into the belief that medicine can

be discarded entirely, and all forms of disease cured through the potency of suggestion, faith or prayer, the whole doctrine of psycho-therapeutics is brought into disrepute, and intelligent and thoughtful people marvel at the credulity of those who are deceived by such teaching. The custom of some practitioners of suggestion of insisting that the physician be discharged and all medicine for the patient be thrown away, is not only foolish but dangerous.

Suggestion has a limited field in therapeutics, and while in many cases it is the remedy *par excellence*, it is valuable in others only in conjunction with judicious medication.

The extravagant claims made by some thoughtless and careless persons for suggestive therapeutics, has done more than any other one thing to disgust the scientific world, and to check the progress of a really scientific system of therapy.

I am inclined to believe that eclecticism has had something to do with the revival of suggestive therapeutics. It demonstrated to the world that our pleasant remedies are far more effective in controlling and suppressing pathological conditions than the large doses of nauseous medicines formerly used.

Homeopathy has given us one better, and formulated a system of therapy in which the medicine is practically tasteless. To many, the infinitesimal dose of the homeopath is a matter of ridicule; and if we are to consider only the chemical and physiological effects of such dose, there is some ground for such an attitude, for it is surely a tax on the credulity of the average individual to believe that there is anything more than a suggestive effect in the tenth dilution or trituration. Some homeopaths rebel at the idea of the infinitesimal dose, and have abandoned the very corner stone of homeopathy, and become practical eclectics. I have known some who used our remedies in the doses in-

icated in the modern works on eclectic practice. I do not know that they were any more successful in curing disease for this change; for the success of homeopathy in its origin and unadulterated form, high attenuations and all, is a fact too well known to be discussed here. If you have given this matter much study, you have no doubt observed that the successful practitioner of pure homeopathy is in every case a person who has a pleasing address, unbounded confidence in himself, and his system, and an impressive or suggestive manner; just such a person as possesses the faculty of reaching and impressing the subjective mind of his patient. According to Mrs. Eddy, the founder of the doctrine of Christian Science, he is a person of strong affirmation; according to Dods and Grimes, who startled the medical world half a century ago with wonderful cures made through their doctrine of electro-biology, he is a person of strong assertion, and according to Liebault, the founder of the school of suggestive hypnotism, he is a person of strong suggestion. The affirmation of Mrs. Eddy, the assertion of Dods and Grimes, the suggestion of Liebault, are all one and the same thing; and are all effective in curing disease, because operating under the same grand laws. To my mind the successful homeopath who adheres to the system of the infinitesimal dose is simply a good suggestionist, who attributes to medicine effects really produced through his gentle manner, his exhibition of confidence and his pleasing and sympathetic personality. This statement is not intended to detract one iota from the merits of homeopathy; but it enunciates a plain fact that makes homeopathy reasonable, whether viewed from the standpoint of science or common sense.

Theorizing is worth but little when compared with practical work at the bedside or in the laboratory. Splendid theo-

ries get warped or bent out of shape by the presence of one little irreconcilable fact, and practical demonstrations are the things that count. Yet the ignorance prevailing even among members of the medical profession, concerning suggestive therapeutics, and the prejudice existing even now against it in the popular mind, tend to throw discredit upon facts, readily explainable under the laws of psychic phenomena; and in reporting cases of cures made through the power of suggestion, only those things that seem perfectly reasonable are usually told, and many of the most beautiful and instructive phenomena of practical psychology are withheld for fear of seeming to exaggerate or prevaricate. It is difficult for some persons to believe that by a few gentle strokes over the face of the patient with the hand, the act accompanied by suggestion in the form of sympathetic and encouraging words, make painful and tardy parturition painless and rapid. A relaxed condition is brought about, all rigidity overcome; and although the suggestions may have induced a deep state of hypnosis, during which no pain is felt, the whole process goes on in a perfectly natural way. From a limited obstetrical practice I am justified in believing that the discomforts of the period of gestation can be almost entirely overcome. The distressing constipation is easily remedied; the labile and erratic pains of nervous origin are readily suppressed; the nausea and other distressing disorders of the stomach and other organs all yield to the influence of suggestion. The melancholia, and other serious mental conditions are overcome through its subtle influence. A patient can be prepared for an accouchement through suggestion better than by any other means; and any ordinary case of labor can be made practically painless.

The influence of suggestion on the cir-



culatation is sometimes very decided; and cases of hemorrhage, such as epistaxis or menorrhagia, and even that of traumatic origin can be suppressed through it.

Correct diagnosis, a matter of such vital importance in the practice of medicine, that on it depends success in most cases, is of little moment in the practice of suggestive therapeutics; and in this respect the latter system possesses a wonderful advantage over all others. There are many maladies whose symptoms are so confounding that many times a correct diagnosis is difficult to make; and the best physicians sometimes find that they are feeling around in the dark: trying first one course, then another, in the hope of reaching and remedying the trouble through chance. These cases of obscure diagnosis are by no means uncommon and any system of treatment that does not depend for its success upon correct diagnosis has an immense advantage over others that do.

We not infrequently meet cases where certain examinations and manipulations are absolutely necessary in order that a correct diagnosis be made. Many times these examinations and manipulations cause great pain; and sometimes they are a source of mortification and chagrin to those whose exquisite sensibilities are so delicately woven that such examinations are permitted only after torturing sickness has convinced them that such a course is the only thing that stands between them and death itself. Treatment by suggestion does not require such examinations, for, as already pointed out, correct diagnosis is not necessary. Furthermore, mistaken diagnosis may indicate a course of treatment that may aggravate the original trouble; and the argument that no good doctor would make such a mistake is impotent in the face of the fact, that they sometimes do, and we know it.

Many persons, especially those suffering from some chronic complaint, usually have in their own minds a well defined idea of the nature of their troubles; and while their diagnosis is often wrong, or inexact, any attempt to correct the wrong idea that they are harboring, will result in a loss of confidence in you as a physician; and it is well many times not to try to change their minds. It is often a good plan, especially in the practice of suggestive therapeutics, to encourage the patient to make his own diagnosis. I often do this. If the disorder be diagnosed as stomach trouble when the liver is at fault, treatment of the stomach by suggestion will result in benefit to the liver. Many cases that I successfully treat, are those of obscure diagnosis; and many times I would have little hopes of benefiting my patient, if an exact diagnosis were necessary.

Suggestion is of the greatest value in surgery; not that, as many claim, a state of complete anesthesia can be induced in any one through it, for it cannot; or, here again the advocates of psycho-therapeutics do the doctrine much harm by extravagant claims. The wonderful work of Dr. Esdaile, English surgeon at Calcutta, who performed hundreds of capital operations in the hospitals of India, using no anaesthetic but suggestion, has led many into the error of believing that the same thing is possible now by other surgeons at other places. The conditions always important factors where suggestion is used, were especially favorable for Dr. Esdaile. His patients were native Hindoos, who on account of the use of suggestion in some form or another in their religious ceremonies and social functions for centuries, were especially susceptible, and no surgeon of today can duplicate the work of Dr. Esdaile, where the peculiar and favorable conditions that exist in India do not prevail. The work

of this eminent psychologist was investigated by the British government; and under its direction, psycho-therapeutics was introduced into the hospitals of many of the principal cities of India.

About the time Dr. Esdaile was demonstrating the power of suggestion in surgery, the anesthetic properties of ether and chloroform were discovered; and as it is so easy to administer a chemic anesthetic, and often so laborious to induce hypnosis, the use of chloroform and ether, became universal, and suggestion as an anesthetic fell into disuse.

There are some persons, probably one in five, who can be put into a hypnosis so profound, that no pain will be felt during any surgical operation. I doubt very much if complete anesthesia is ever induced through suggestion; though analgesia sufficiently decided to dispel all pain is often readily induced. The merit of suggestion in surgery does not lie altogether in its power to produce a state in which no pain is felt. A patient who is prepared for a surgical operation through suggestion has an immense advantage over one who is not. The preliminary excitement can be overcome, and a much desired state of passivity induced. With a patient so prepared not more than one half the usual quantity of anesthetic is required to produce deep artificial coma; and this state can be induced in about half the usual time. The subsequent shock is very much lessened, or entirely overcome. The hemorrhage from small vessels, sometimes very annoying, can be suppressed through the influence of suggestion on the circulation. Lacerations, painful contusions and some other injuries heal more rapidly under the influence of suggestion, than under the influence of medicine, internally or externally applied. Experiments along this line have been frequently made, and two injuries of the same extent and character

have been treated by medicine and suggestion, respectively, and in every case suggestion effected a more rapid cure.

Treatment by suggestion does not conflict with any other system of practice. It is compatible under all conditions with any other kind of treatment; and I frequently recommend to patients that they continue the treatment they have been taking, whether it be Eclecticism, Homeopathy, Allopathy, Hydropathy, Electricity, Christian science or the Kneipp Cure. There is a certain amount of potent suggestion in all of them.

I recently cured a case of chronic cystitis by suggestion. As a rule I do not advocate the use of suggestion in acute febrile conditions; but chronic conditions that some times follow such, are frequently benefited by suggestive treatment. I do not wish to convey the idea that suggestion is of no use in acute troubles where fever is the principal symptom. In pleurisy and pneumonia, the pain can be usually overcome; and if there be insomnia, a restful period of refreshing sleep can be given. If there be melancholia, a cheerful frame of mind can be induced. But if any one attempts to cure pleurisy or pneumonia, scarlet fever or diphtheria, small pox or cholera without material medicine, he is attempting a most hazardous thing. Suggestion exerts a wonderful influence in curing disease, but no matter under what name used, whether as Christian Science, Faith Cure, Mind Cure, Divine Healing, Mesmerism or Hypnotism, its sphere of usefulness is limited, and any attempt to make it a universal panacea, can only have the effect of bringing the whole subject of psycho-therapeutics into disrepute.

Man is not always the credulous animal that he is usually represented to be; and you may spoil the good effect of the first story, by telling the yarn about the lions. I treated this case of systitis sev-

eral years ago, and succeeded in relieving all the distressing symptoms for a period of many months, at the end of which time there was a relapse, which was treated successfully again. In this case there seems to be a tendency to relapse, but whenever the patient feels the first unpleasant symptoms that presage an impending attack, she is given a few doses of suggestion with the result that the attack is always aborted, and a complete respite induced that lasts for the greater part of a year.

There is probably no one pathological condition so easily relieved through suggestion as chronic constipation. No matter how long standing, or how much medicine has been taken without permanent benefit, suggestion in such cases is a specific. It is very rarely that a case of constipation cured through suggestion relapses. I have cured cases of twenty years standing in a single treatment. This is not usual, however; for I have found that a chronic case generally requires chronic treatment.

The only cases that relapse are found in persons who are easily influenced, and who are surrounded by those who ridicule treatment by suggestion, and insist that the trouble will return. This matter of relapse which some times occurs, has led some to claim that suggestion always has but a temporary effect. As a matter of fact, the effects of suggestion are far more permanent than the effects of drugs. Psycho-therapeutics in all ages have recognized the harmful influence of contrary suggestion in the ridicule of friends and acquaintances of the patient; and to guard against it is sometimes more of a problem than to cure the disease. Christ saw its bad effects, and according to the scriptures, he not infrequently dismissed those whom he had healed with the injunction "See thou tell no one."

Another remarkable effect of suggestion is seen in its power to prevent physi-

cal exhaustion. The hand can be held out at arm's length but a short time before a decided sense of fatigue will be experienced, and in a few minutes it will seem to weigh as much as the body. This position of the hand can be maintained under the influence of suggestion ten times as long.

The endurance of persons under the influence of suggestion, while undergoing severe physical effort is sometimes startling. I have witnessed this in running and cycling. I have seen persons who under ordinary conditions could not ride twenty-five miles on a bicycle without physical distress, ride a hundred miles without any great discomfort; and from the effect of a suggestive treatment given subsequently to the ride, feel no soreness or stiffness afterwards. I have seen painful contusions of the muscles, from blows or falls entirely relieved in a few minutes without the use of anodyne, liniment or massage.

The effect of suggestion as seen in the treatment of alcoholism and the drug habit is most happy. There is probably no agony greater than that experienced by those addicted to the use of morphine or cocaine, when deprived of it suddenly; and moral suasion treatment is futile because the discomfort that deprivation induces cannot be borne. These habits are usually curable through suggestion; and the longing can be so completely overcome and the taste so thoroughly changed that a cure is made with little or none of the distress that accompanies other methods of treatment. When the influence of suggestion in this direction is understood and appreciated, it will become an important factor in the progress of reform. Besides in the direction already indicated, suggestion is beneficial in some forms of paralysis, hysterical epilepsy, aphonia, chorea, stammering, rheumatism, neuralgia, melancholia, insomnia, leucorrhœa,



defective memory, dyspepsia, hay fever, nervous prostration and all forms of hysteria; and to tide over the menopause, it has no equal.

Through the channels of sight, hearing and feeling, suggestions are readily carried to the receptive centres of the brain, where they exert a powerful influence for good in many directions; and many moral perversions and bad habits that seem utterly irremediable through the ordinary methods of treatment, yield readily to suggestions properly given; and the demonstrations in this direction, made by competent and careful observers, justify the opinion that suggestion will become one of the most powerful instruments of reform yet discovered. This is especially true in regard to children, who being naturally very credulous, are easily put into a receptive state, during which suggestion exerts a marvelous and lasting influence. The intelligent use of suggestion must become a potent factor in all improved methods of education; for it is largely through it that we acquire knowledge of the exterior world, and the power that enables us to utilize it in the various experiences of life. The significance of suggestion as a moral educator in all walks of life, and as a curative agent under many conditions warrants the hope and the belief that we have at our command an instrument of tremendous power and adaptability in correcting abnormal physical conditions, and of wonderful efficacy in promoting and sustaining moral and intellectual improvement.

Borough of Brooklyn, New York.

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In diffused muscular soreness from traumatic causes, or from over-exertion, in soreness of the mammary glands or testicles, let the distilled extract of witch-hazel (*Hamamelis*) be applied warm, very freely.—*Summary*.

## SYPHILIS.

BY W. J. KRAUSI, M. D.

New York City.

Read at the meeting of the Eclectic Medical Society of the State of New York, April, 1903.

Syphilis is an infectious disease originating in certain secretions containing organized matter which is indefinitely reproduced in various forms and manifestations in the human body. It affects the whole organism and is a constitutional disease. It enters the system by means of the blood vessels and lymphatics, is manifested primarily in the connective tissue of the entire body and in the course of time affects every tissue and organ.

Its inflammatory process is asthenic and is characterized by a low form of cell-growth, primarily affecting the "soft" connective tissue, latterly the "hard."

The disease is by some writers claimed to be due to a micro-organism, though as yet no one, other than the "discoverers" of the so-called *Bacillus Syphilitica*, has been able to grow the germ or demonstrate its existence.

Syphilis never originates *de novo*, but is always the result of the specific virus. Syphilis exists in two distinct forms, both the result of the same specific virus. One is termed the "acquired," in which the specific virus has been implanted upon some part of the healthy body and has gained entrance into the lymph or blood circulation; the other, "hereditary," where the specific virus is transmitted from the father or mother, in one or the other of whom the disease is active, to the progeny.

These two forms of syphilis, while they possess many points of similarity and are caused by the same virus, still differ in many ways as to the resemblance of their lesions, localities of development, contagiousness, onset, course and other peculiarities.

Acquired syphilis always begins at the point of infection,—the chancre. I believe that syphilis, like cancer, is to a large degree,

if not entirely so, primarily a local affection confined to the original infected focus or the lymphatics in immediate association, and if this is true, and my clinical experience has proven it to my entire satisfaction, syphilis can be and is, with proper medication, aborted. But, like cancer, there is at present no way to determine positively when a case has been aborted and when not—time alone proves.

One attack of syphilis largely confers immunity to subsequent re-infection. General infection is about coincident with systemic manifestations. The physiological secretions such as tears, saliva, sweat and milk are all innocuous as far as direct inoculation is concerned. The semen appears to be negative as a means of direct experimental inoculation, but it is believed to be and is capable of contaminating and infecting the human ovum.

*Direct* infection occurs most frequently from the genitals of one person to another; at times from unnatural practices in the same sex or opposite sex, as in the anus, mouth, lips gums, tongue, tonsils folds of the breasts, under the arms, at the nipple, groin, etc.

*Mediate* contagion may occur upon any part of the body or opening, from a cigar, pipe, toothbrush, drinking utensils, knives, forks, spoons, razors, towels, toys, nursing bottles, sponges, lead pencils, speaking tubes, public 'phones, etc. I have lately had two cases sent me for diagnosis, one from Jersey and one from Connecticut, in which infection was traced to the use of the public telephone mouth-piece.

Syphilis manifests the same constitutional symptoms whether the mode of infection be direct or indirect.

Syphilis plays such an important part in the consideration of all pathology that it would require weeks of continual discussion to consider its many characters, so I will simply call your attention to the part that

appears to be of the greatest value to humanity—the *early and differential diagnosis*.

The first symptoms of syphilis is the initial lesion, the situation of which is not material as no part of the body is exempt from being the seat of the initial chancre, although the genitals are the usual location. Its period of incubation and, if not aborted, its secondary manifestations, with eruptive differentiations, are always the same.

The initial lesion of syphilis may be a "mixed" infection, that is, where two or more diseases coexist. The initial lesion or chancre of syphilis may be confounded with *chancroid*, *tubercular ulcer*, *gonorrhoea* (where the chancre manifests itself in the urethra), *lupus ecthyma* and *impetigo simplex*. The differential diagnosis between chancre and chancroid is the most difficult but still it can easily be made as each lesion has its distinct features.

A chancroid has little if any period of incubation, usually manifesting itself the second or third day after contraction. A chancre, or the initial lesion of syphilis, has a decided period of incubation, never manifesting itself *under ten* (10) days, and it may appear at any time within *one hundred* days. The edges of a chancroid are undermined; looks angry or phagedenic. The secretion is copious and purulent; the pus is contagious and auto-inoculable. Chancroid appears as a rule multiple. The seat of a chancroid is *not upon an indurated base*.

A chancre is rarely destructive; its tendency is to heal rapidly; the edges are hard and sloping and are not undermined; the secretion is *thick*, serous and *scanty*; the secretion is not auto-inoculable.

In *chancroid the lymph glands usually become inflamed* and when so inflamed are apt to suppurate and the suppurating gland becomes a focus of chancroidal infection.

The syphilitic lesion or chancre is usually *single*; as a rule *the base is indurated*; *glands rarely become inflamed* usually be-

come indurated; *the pus will not auto-inoculate.*

The important point to keep in mind in the differential diagnosis of the initial lesion of syphilis is that a "Hunterian" chancre has, as a rule, little or no destructive tendency, no undermined edges, no "gray" floor. But it has a red granulating appearance, at times a dark spot in the centre, and *bleeds readily* upon slight irritation. In a few rare instances the primary lesion of syphilis may be very superficial or may be what is known as a "parchment induration," so that it is very important to carefully scrutinize and always to suspect the nature of a venereal sore which has not appeared until ten days or more after coitus. The initial lesion of syphilis may appear in multiple but this is very exceptional.

Material and important assistance in differential diagnosis in the initial lesion of syphilis can be derived from a careful examination of the possible indurated but rarely active adenitis present. Chancre on the genital organs—penis, scrotum, labia, fourchette, meatus, urethra, vagina, mons veneris, thighs, buttocks, perineum, legs, feet and toes, indurated or active adenitis will occur in the *inguinal ganglia*. Syphilitic infection on the lips or chin is manifested in the *submaxillary ganglia*. If on the tongue the *subhyoidian ganglia*. In syphilitic infection of the eyelids the *preauricular ganglia* are involved; if the fingers or hands, the *epitrochlear* and *axillary ganglia*; if on the arms, the *axillary ganglia*. Infection of the breast is manifested in the *subpectoral* or *axillary ganglia*.

The differential diagnosis between the initial lesion of syphilis and a *tubercular ulcer* is readily made. A tubercular ulcer usually results from an underlying tubercular lymph gland, though it may be cutaneous or subcutaneous. A tubercular ulcer which may be confounded with a chancre is usually superficial, has thin, red and

*undermined* edges, an irregular base with granulations, covered scantily with pus, spreads slowly with no or but little infiltration, rarely troublesome or painful; its course is usually asthenically progressive. The microscope completes a positive differential diagnosis.

The differential diagnosis between the two forms of *lupus* is easily made. Lupus erythematosus might be confounded with syphilis, particularly if the initial lesion of syphilis manifested itself in the face, the usual seat of lupus erythematosus. The sharply circumscribed outline of lupus erythematosus, the "butterfly wing" macula or border, its reddish or violaceous color, the elevated border, the tendency to central depression, are all characteristic.

Lupus vulgaris begins development by *several deep-seated* brownish-red or yellowish tubercles having their seat in the deeper corium.

*Ecthyma* usually manifests itself by from five to twenty small pea-sized flat ulcers, though only one ulcer may appear. The ulcer has a markedly inflammatory base and areola. The depraved general condition of the patient will differentiate it from the initial lesion of syphilis.

*Impetigo Simplex* is readily differentiated from the initial lesion of syphilis. The pustules of impetigo simplex when developed are usually the size of a pea or slightly larger, elevated, rounded or semi-globular, with thick and tough walls of a whitish or yellowish color, and in pricking the pustule an "ivory" colored fluid will exude.

Many important events, circumstances touching the very foundations of society, often depend upon an early clear-cut differential diagnosis between the initial lesion of syphilis and similar diseases.

New York City.

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Fyfe's *Materia Medica and Therapeutics* is selling like hot cakes. Order quick—before the edition is exhausted.



## STATIC ELECTRICITY FOR WOMEN AND CHILDREN.

BY M. G. MC GINNIS, M. D.

Read at the Meeting of the Eclectic Medical Society of the State of New York, April, 1903.

It is not my object in this paper to decry the value of other forms of electricity, or appropriate medical treatment, but to briefly call attention to some very gratifying results I have obtained, where static electricity played a prominent part in the treatment. This I do in the hope that some, among those who may glance over this paper, as yet uninterested in this important subject, may be persuaded to investigate further with a view to equipping their offices with static machines. I shall therefore confine myself to generalities regarding the technic of the applications of this kind of electricity.

Having no chemical or electrolytic properties, little danger is involved in its use. It tends to regulate the normal functional activity, whether deficient or excessive. Oxidation is promoted thus improving the nutrition and lessening the uric acid in the system. The excretion of urea is also increased.

With the woman patient, I know of nothing so essential to the success of the practitioner, as the static machine. The delicately poised nervous organization of women generally, renders them especially responsive to general static electrization on the insulated stand. A fifteen or twenty minute bath in the soothing or relaxing negative electricity will go a great way toward establishing one in the confidence of one's patient, should she be of a high strung nervous type, through the sense of comfort it brings, to say nothing of its general effect on functional activity, etc.

The general electrization must be intelligently administrated as existing conditions may indicate. The positive electrization of the patient should be given when

she consults you showing the effect of over-work and exhaustion, as in the case of the galvanic current the positive is tonic.

Having been introduced in this pleasant and agreeable way to static electricity after the first visit the patient may be given further appropriate treatment for the particular condition from which she may be suffering. Generally speaking this may be divided into two classes of application, viz: the spark with its modifications, the spray and the spark gap currents, and the induced current. Each in turn may be more or less modified by the methods of application.

With the new patient the spray should follow the general electrization as it is next in degree of effect on the sensory nerves. It is produced by the point electrode held a short distance from the insulated patient. Painless as the spray usually is, it can be rendered decidedly fractional by proper connection, and is then only a degree less in intensity than the milder form of spark. The spray will be found of great value in the treatment of insomnia, migraine, etc.

The spark is produced by the ball electrode with the patient insulated as before. It has a mechanical action, causing decided muscular contraction, and disturbing molecular arrangement of tissues, which "temporary maladjustment" in the words of Prof. W. J. Morton is "followed by a readjustment, and a consequent reaction of tissue to its normal metabolic relations." A paralyzed limb or ankylosed joint, are ideal conditions for its use. The frictional spark produced by the ball electrode in contact with the patient through the clothing, is, as its name indicates, a counter irritant, and has an effect on the nerve centres through peripheral impressions.

The spark gap currents were both discovered by Prof. Morton. The well-known

"induced" current is produced by the condensers, the patient (not insulated) being connected by electrodes to the outside of the condenser, and with each spark receives an induced current. The "electric wave current" is an application of the condenser principle. The patient in this case is insulated and is connected with the positive pole by an electrode applied directly to the skin. The latter current, having practically no effect on sensation is especially valuable in treating women and children. I append a few simple cases treated recently as an illustration of the promptness with which results are obtained.

*Case 1:*

Mrs. S., age 26 years. Married five years, since which time patient has been subject to weekly attacks of migraine, especially severe following menstrual flow, which is rather profuse. Coal Tar preparations appeared valueless in controlling attacks. General Electrization and Norton Wave Current every other day for first two weeks, and bi-weekly treatments subsequently. After two months treatment patient is free from headache, and last menstrual flow was much reduced in quantity.

*Case 2:*

Child of 12 years, from infancy has suffered from Enuresis. Patient given electrostatic treatments bi-weekly, and placed on sanmetto, a teaspoonful three times a day. In three weeks patient entirely relieved. The internal administration of sanmetto was kept up a month longer for its soothing effect on urinary canal.

*Case 3:*

Mrs. V., age 53 years. Complains of internal pain on lower right side. Continual suffering from what she calls "bilious headaches." A year ago patient was operated upon, and a growth was found on the pancreas which had encroached on the gall duct almost obliterating the canal.

The gall bladder was connected directly with the intestines, but no attempt was made to remove the growth. Patient received tri-weekly treatments and tenderness in side has practically disappeared. Headaches have entirely stopped.

*Case 4:*

Woman of 65 years, suffered from Rheumatoid Arthritis. The spark and Electrostatic treatments were given tri-weekly for the first month and bi-weekly for six weeks, then only occasional treatments were taken. The patient was given internal treatment, as follows:

R/Pulv. Pot. Iodid. ℥iv.

Mist. Sanmetto ℥iv (4).

Sig. 5ii T. I. D.

The internal treatment was followed for three months and the patient gradually recovered use of the knee. In this case the X-ray showed that only the soft tissues of the joint had as yet become involved. Relief is not so prompt where the bony structure is affected.

*Case 5:*

This case was a woman with extreme nervous irritability ever fussing over the mere trifles in the home, making one feel that there had been a cyclone, and every minute expecting an earthquake, and all this perhaps only because someone had over-tipped the pin platter, or the grocer neglected to send some article on the order list. Yes, we say—"Oh, she's only nervous," and too often do not give enough attention to the cause of such a condition.

The patient had a general congestion of all the organs of generation, also irritable bladder, relaxed and dilated meatus. As she had taken every known nerve sedative, and many other things, I felt that I hardly knew where to begin on the list for her. Gave electrostatic treatment both general and local.

Medicine having been over-prescribed in this case, the only internal treatment

given by me, was Sanmetto in 5i doses before meals and at bed time, for its effect on the G. U. mucous membrane.

This treatment was followed about five weeks with the most happy results, and all the family are quite rejoiced with what they term a change in disposition.

*Case 6:*

A woman about 40, who is just approaching the menopause and was very nervous, suffering from a sensitive stomach, which, when overtaxed, gave a reflex heart disturbance at which time she had a sense of suffocation. The negative shower and spray with its modifications have been most beneficial to this patient.

*Case 7:*

Is a maiden lady about 65 years of age, gave a history of having had pain in and about the liver region for years. I cannot call it Scirrhus or Sclerosis, but to my perception there seemed a great accumulation in the gland of more or less of a deposit of solids.

Autotoxemia was apparently in progress. At this time she has had about a dozen treatments with the static electricity. Medicinal treatment, Phosphate of Soda 5i half hour before breakfast in tumbler of cold water. She is still under treatment but reports that the pain is no longer noticeable, and she is feeling brighter, expresses herself as having much more ambition than for a long time.

New York City.

### COMMENCEMENT EXERCISES.

The Forty-Second Commencement of the Eclectic Medical College of the City of New York, was held at Carnegie Lyceum, corner 57th street and Seventh avenue, Wednesday evening, May 6, 1903, at 8.30 P. M.

Programme:—Overture, Selections from "Prince of Pilsen," Luders; March; Invocation, Rev. T. A. Hyde; Fantasie, "La Paloma," Mariani; Report of the Faculty, Geo. W. Boskowitz, A. M., M. D.; Valse, "Alma

Mater," Knight; Address, Hon. Norman S. Dike; Patrol, Scenes from "The Soudan," Sebek; Conferring of Degrees, W. R. Spooner, LL. D.; Selections, "Hiawatha," Moret; Valedictory, Max H. Skou; Romance, "Melodie," Rubinstein; Benediction, Rev. T. A. Hyde; March, "Eclectic," Crowley. Charles J. Crowley, Musical Director 8th Regiment Band, N. G. N. Y.

Graduates:—Mindlia Bilkis, Louis Cohen, Cæsar Deutsch, Jacob Haas, Antonia Johanna Heffter, Frederick Hollander, Solomon Ianovici, Joseph Kallman, Adelaide Mills, Herman Benjamin Schwartz, Henrietta Siebert Tienken, Max Henry Skou.

### ADDRESS.

BY HON. NORMAN S. DIKE.

Mr. Chairman, Ladies and Gentlemen of the the Graduating Class:

Imagine the unconcealed consternation of the learned deans and doctors of any college of medicine of barely a generation ago, hearing one address a graduating class of young Hippocrates in this manner. Nothing shows the catholicity of the spirit of our times so much as does the emancipation of women. Learned men have variously classified the periods of the world's development as the Paleozoic Age, the Stone Age, the Iron Age, etc., and this might be termed with certain propriety as Woman's Age, were it not that woman's age is a sacred subject, never discussed by men, wise or otherwise. Certain it is, that this is the age of her greatest freedom. In harmony with this spirit and ever to the praise of the Eclectic Medical College of the City of New York, this institution was the first to throw open its hospitable doors at her first hesitating knock and offer to women equal opportunities with men.

The graduating class of this college, I am informed, has in the past been addressed upon these occasions mainly by ministers of the Gospel. This happy circumstance might be the result of accident or due to the de-



sign of the college officials. In either case, the classes were to be congratulated for they had at least an object lesson in seeing how much easier it is to preach than to practice, with the added advantage of "benefit of clergy," for I contend that even a doctor is not beyond the power of prayer.

These are the commencement exercises incidental to the graduation of the class of "naughty three" of the Eclectic Medical College of the City of New York. To some, the word "commencement" would seem to be a misnomer; applied to college life, it would seem better fitted for freshmen, beginning their work than for grave and reverend seniors receiving the welcome words of speeding and farewell from professors and underclassmates.

Commencement! To me it seems, however, to have a peculiar fitness and appropriateness. It signifies the commencement of your careers; it signifies the start in your life work it marks the moment when to each of you has come that grand old American heritage of hustling for yourselves. So that I can then congratulate you not that your work is now over, so much as I can congratulate you that your work has just begun.

No technical teachings or professional precepts would be expected from me addressed to you, coming so lately from the classroom and laboratory and upon whose brows already rest the laurel wreaths you have labored so hard, so diligently to obtain. Nay, more! I can even fancy such an attempt on my part would only invite a certain cold criticism of the correctness of my preparation and while at present I have you at my mercy in that you could not reply, it might well be that my utterances would fail to meet with that enthusiastic reception that undoubtedly would exist, should we ever occupy the position of counsel and medical expert on the same side in some later litigation. Much advice has made you a saturated solution of sagacity. You need little more now. It is said that Sarah Bernhardt

was once asked to write an Eleventh Commandment and she declined to do so upon the ground that there were ten too many already.

Admonitions that bear not the test of experience, fall upon unheeding ears. Life lessons should be prescribed in homeopathic doses and the painful perusal of "How to be Successful in Life" in two volumes never yet produced a paying practice in your profession. If a man has wrestled with some problem and won, or has observed something that is suggestive of deserving development, his views might be of interest. Life problems are not influenced by the inscription on a diploma, but domestic and doctor, lawyer and layman must in the ever faster whirling sphere of life meet and face and stand or fall in the conflict with those same great human emotions that confronted Galen and Hippocrates.

Yours is the perspective to-day from eye to horizon; mine is almost the outlook from the Half-way House. You begin your professional life at a time when the world seems rocking from the shock of mighty forces. Man, after years of terrible toil and patient application, now compels nature in rich profusion to yield her most closely guarded treasures. Her mighty elements are subdued to aid in adding to the luxury and completeness of life. Achievements in finance, in art, in science and the luxuries of living, stagger the imagination and force the fancies of the past and the fables of fiction, to fade before the actualities of to-day. Greater than ever are the needs of mankind, greater men and women in force and fitness must be found to meet their needs. We want empire-builders in the sphere of your profession.

A hundred years ago, Sidney Smith, writing with that superb self-satisfaction of a Briton, said: "Who reads an American book; or sees an American play or buys an American picture?" Now what a change! Our own country more than any other, has

to-day become the storm-centre of progress, and while others, amazed and marveling, struggle to keep step with the drum-beat of advancement, our people, untrammelled by the past and unfettered by an inheritance of prejudice, step forth as world conquerors. I saw this heading on a letter from a real estate firm in Beaumont, Texas, "We buy and sell the earth."

What is to be *your* position in this great world conflict? Shall it be medical or surgical or both? Shall it be general or specific in its line of development? Times, environment and opportunity determine much in these cases. Milton received £15 for "Paradise Lost," a sum that Kipling might receive to-day for a single stanza. Shall you be a city doctor or a country doctor?

Those, to whose lot it shall fall to practice in the country, must face down the fallacy that you cannot be in two places at once. You must cover a territory besides which the dimensions of Greater New York would seem like a village hamlet nestling by the hill; you must be prepared to advise upon any subject "in the heaven above, in the earth beneath and the waters under the earth." You must be ready to perform intricate operations with the enthusiastic if not able assistance of the hired man; you must minister to the sick, lame and sore in any habitation and to the stranger within the gates, and occasionally to the livestock, and all with the cold and clammy consciousness that your reward will be very largely a heavenly one and therefore dependent still upon your personal efforts.

Most quaintly and completely did old Chaucer picture the country practitioner in the Canterbury Tales, when he described the medical representative of the Canterbury pilgrims in these words:

"He knew the cause of every maladye,  
 "Were it of hoot or cold, or moyste or drye  
 "And where engendred, and of what  
 humoure  
 "He was a verrey parfight practisour."

If a city practitioner, and possibly in that case, a resident of this imperial municipality, you would possess first of all the privilege politically of a District Attorney who is the whole thing, all else being subject and subordinate to him and the range of whose official activities far exceeds the horizon of the human imagination or the limits of the Code of Criminal Procedure, but professionally, you would possess those superb opportunities of great hospitals, supplied with the latest and most perfect paraphernalia, those enlarged opportunities for study and most of all with the benefit that is inevitable from the attraction of minds alive to the latest thought, and all of which combine to bring about what in your profession is a prerequisite to success, namely; the up-to-date doctor. But here too, you must meet the greater competition. You will learn the hard lesson that like begets like so far as it takes patients to get patients. And it also will be borne in upon you, in a great city like this, that there are ever those people ready to pay for what they *want*, not necessarily what they *need*. So some doctors have achieved no inconsiderable success with pompadour hair, pleasant prescriptions and a gesture.

The popularity of a doctor! Who can solve the mystery? Some are popular because of their fierce and fatal beauty. Some patients, on the other hand, fondly fancy that a doctor who barks like a dog, works like a horse and lives like a hermit, is their hero of the healing art. A doctor can never tell what elements of his make-up will most attract patients. It is wise to have a reserve force of several.

A quaint character well remembered by the New York Bar, was retained to defend a boy who had fallen into the clutches of the law and was asked by the parish priest what the probable outcome of the case would be. "Your Riverince" replied Counsellor Nolan, in a hoarse whisper, "as regards the chances of the case, I feel sure that with Your

Riverince's influence and a little perjury, I can get the bye off."

George Ade winds up one of his delicious fables, thus: "A good 'jolly' is worth all you pay for it."

Now as to the great branches of your profession: To my mind the choice between surgery and medicine to a doctor, must ever be one dependent especially upon personal temperament and physical conditions.

The marvelous development of septic and antiseptic conditions in surgery has proven of inestimable benefit to its growth and possibilities. Side by side with it, the humane and beneficent discovery of anesthetics, which entitles America to the everlasting gratitude of mankind, must be regarded as a true explanation of surgery's mighty stride towards perfection and the position of an *exact science*.

It is a pleasant thought to a professional man to fancy that his is an exact science. But so frequently the variations from the perfect occur, that one is apt to doubt and waiver in his belief. The law is an exact science, subject, however, to the bigoted bias of a judge or to the idiosyncrasies of jurymen with latent lesions in their gray-matter.

Medicine is an exact science until the post-mortum suggests a deep-dyed doubt of the diagnosis.

We have in the law, a motto "Where there is a right there is a remedy." In surgery it would almost seem that its mighty strides towards perfection of late years have made it almost possible to say that "if there is an ill, surgery can cure it."

There should be no nationality in surgery or medicine. We can be justly proud of the place our countrymen have taken in the surgical world, due to those strong inherent characteristics of American ingenuity, independence of thought and fertility of resource.

But, it needs more than accuracy in a

diagnosis of those conditions susceptible to surgical treatment. A surgeon must possess that one superb attribute of great men in any walk of life,—*courage*. And in that connection, I always feel that this quality was never, in all the history of surgery, better exemplified than in the case of him whom it must ever be the pleasure of your profession to honor, McDowell, of Kentucky, who attempted in 1809, for the first time, an operation that necessitated opening the abdominal cavity, never thought possible of successful achievement at that time, and while a mob of interested prejudiced and wild-eyed neighbors armed with rifles and revolvers surrounded the house and awaited the conclusion of what they termed "the dastardly experiment," he calmly, coolly and successfully proved its possibility: all praise to such heroes! And each year the record of surgical advancement shines with brilliant examples of such heroism which is immediately followed by prompt and enthusiastic adoption of the new and the discarding of the old. Only a few months ago our countrymen showed their generous recognition of the special work of that superb type of your profession, the distinguished doctor from Vienna, who with that marvelous manipulation of the muscles, worked what seemed to be a miracle of cure in cases which, if not hopeless, were doomed to doubtful operations and years of recuperation. Can there be any doubt that your profession will discard the old and adopt this new and humane one?

But what of medicine? And here I shall ask your most kind consideration of my views as a layman, "a rank outsider," but one of the majority, if all the world is divided into two classes, doctors and patients. To me it seems that medicine has not kept pace with its sister science—surgery. Marvelous is its development, I admit, if we compare it with the old regime. Well nigh perfection, if we compare it with the time of dear old Hippocrates who declared the



body composed of four primary elements, fire, air, earth and water; but has there been of late years a proportionate advance, in view of the marvelous aids to learning and the rich inheritance bequeathed to the profession by the life work of so many learned men? It would seem as though medicine had arrived at that point where it stood upon the threshold of startling and far-reaching discoveries. But the Rubicon is yet to be crossed. The new ideas promulgated by Pasteur and Koch, serve but to indicate the possible lines of development, but the vast claims put forth by their followers have not shown the results that were predicted.

The world waits for the prophet of the newest and best in medicine. It looks for him who shall be brave enough to hesitate, if he does not believe, and who, doubting the old, shall strike-out on new lines and solve the enigma of the new and perfect.

"There lies more faith in honest doubt,  
Believe me, than in half the creeds."

This line would naturally suggest the necessity of specialization in professional work, and it would seem that Hamlet's soliloquy must come to every doctor as it does to every lawyer and especially when one is in practice in a great city,—“To be a specialist or not to be a specialist, that is the question.”

It is true that the family doctor must always be with us and may that strong, upright, benign individual, the recipient of the confidence of every ill, physical and mental, of every member of the family ever remain. But so high, so exacting become the requirements in the growing standard of hospital and laboratory work, that specialization becomes the inevitable trend among your profession. And most wise will such a course be if there is the slightest aptitude for such exacting labors. To him who, building upon the broad foundation of his professional education, finds a tendency to take up a special line of work, fitted alike to his disposition and his environment,—to such a one I say,—follow it up,—“grapple it to your

heart with hoops of steel,” for blessed is he who has found his life work. I confidently predict that within ten years over half of this class will have decided to specialize in their work some distinct branch of the profession. Your specialist is the pioneer, blazing his trail amid the new and the untried. He is the skirmisher upon whose investigations depend the safety of thousands. He is the miner who sinks but one shaft, but that is the deep one that pierces to the levels of primal truth. His period of probation must be longer but his rewards will be greater than in the placid practice of a general profession.

Mankind is prone to idealize. Hero worship is inherent in our natures. The great men of all times we endow with qualities of the highest order. Our pioneers we picture as possessing the bulldog tenacity of purpose which enables them to overcome all obstacles; our military heroes with a bravery that approaches the God-like; our merchant princes with a sagacity that becomes almost divination; and our ideal doctor we endow with those great qualities so essential to a symmetrical character, learning, courage and sincerity. Learned; because ignorance might close a career with a tragedy; courageous; because cowardice might mean subservience to a palpable prejudice; sincere; because falseness would destroy the springs of true character which lie deep in the rich recesses of human development.

The door swings open and the pathway of your life work is before you. May we wish that achievement may crown your every effort, and that success in largest measure “pressed down and running over” may richly reward you in your chosen careers. Good luck and God speed!

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J. H. Billman, M. D. of Sullivan, Indiana, paid us a visit a few days ago. He says that Indiana is making great preparations for the National.

## REPORT OF FACULTY.

BY DEAN G. W. BOSKOWITZ, M. D.

Mr. President, Ladies and Gentlemen:

I bid you welcome to this the 42nd commencement of the Eclectic Medical College of the City of New York—and in the name of the Trustees, Faculty and Students—express to you our appreciation of your presence at these exercises.

We realize that by your attendance most of you are not only interested in the present class but in the school and are keenly alive to its position as the representative of the American or Reformed Practice in this part of the country, and have anxiously watched it in its competition of students before the Regents' Board. The establishment of the Regents' examination for license we hailed as a blessing, although our rivals believed that the establishment of these examinations would drive us out of business, but the graduates of our college have demonstrated their fitness in these examinations. No school in the State no matter how large its endowment has presented better qualified men and women. The percentage of failures of our students is the smallest in the State.

The present session has been an interesting and successful one. The Faculty have been untiring in their efforts and, as a result of their work, present to you to-night this class of 12—4 women and 8 men—and they feel confident that they will be able to pass the examination for license before the Regents with honor. This session we have had 102 matriculants, and let me remind you that no one can matriculate in a medical college in this State without a very good preliminary training—48 academic counts being required to obtain a med. stu. cert.

The college building, before our next session, will be entirely remodeled and newly equipped, so that we expect to present to you next year, a college building which will be a gem of neatness and convenient arrangement with ample facilities for our classes.

## VALEDICTORY.

BY MAX SKOU, M. D.

Mr. President, Members of the Faculty, Ladies and Gentlemen:

The last mile stone in the race has been passed, the goal has been reached, and our highest aspirations have been realized. And yet, instead of the end, we have just arrived at the beginning. To-night the vista of a brighter and more useful future opens before our wondering eyes—a future rich in glorious possibilities and yet dependent in a large measure upon the past.

It seems but yesterday that we started on our journey, with eyes and thoughts fixed upon the shining goal which we have reached to-night. And yet, if we pause for a moment to reflect, the mile stones along the path have slowly and one by one come into view, have been reached and passed, and when we thought the end was in sight, the dawn of a new life bursts upon us in all its glory.

Pleasant indeed has been our journey. Many the friends whom we have learned to love while traveling together—and now that we must part, we feel our joy tempered with a pang of sorrow. To you, kind friends, who have so nobly stood by us through our reverses and successes, through our discouragements when the light of hope was burning low, we desire to express our heartfelt thanks. Little, perhaps, did you realize how the flickering flame was fanned into renewed life by a single encouraging word.

To our honored Faculty, the class of 1903 begs to acknowledge its debt of gratitude. We feel we owe all to your tireless patience, your noble example and to your wholesome influence, and we know that in following in the light of your teaching we cannot go astray.

To our college we bid a fond farewell. May memory ever retain the recollections of the many happy days spent under her hospitable roof. We are the last class to go forth

from the old building and we trust that for her there is a brighter future in store. We wish for her the success she so richly merits, and which is so surely destined to be hers.

To our companions, the undergraduates, we can express no better wish than success, no better advice than close application and perseverance. The day of parting has come all too soon, and cherished friendships must be broken. May you emulate only our best examples and highest standards, and may kind oblivion erase from your memories our many failures and shortcomings.

Beloved classmates! We have been closely associated for many years, have worked, struggled and hoped together. The battle is won and we meet to-night for the last time as a class, it may be. A brief farewell, a hearty handclasp, and each must choose for himself his life work. Whatever may be our success or failure, let us ever be faithful to the Alma Mater who has nurtured us through our weaker days, who has made us what we are, and whose name we are proud to bear. Let us rally round her standard whenever she may call, wheresoever we may be, and when at last this life shall end, may we each and all have earned the praise, "Well done."

## THERAPEUTICS.

Edited by  
JOHN W. FYFE, M. D.

All articles for this department should be sent to Dr. J. W. FYFE, Saugatuck, Ct.

## THE DRUG DANGER.

In an article on the cocaine and morphine danger, published in the *Pharmaceutical Era*, Prof. John Uri Lloyd gives some very timely words of warning to the druggists who supply morphine and cocaine fiends with the means of continuing their ruinous

habit. A very large majority of retail druggists freely furnish these poor unfortunates with their "dope," and apparently regard the indiscriminate sale of cocaine, morphine and other poisonous drugs, as a legitimate part of their trade. But it is not. It constitutes a crime—a terrible crime—and our laws should provide a penalty sufficiently severe to prevent the continuance of such sales. Prof. Lloyd in substance says:

The druggists of the United States are confronted with a question, the importance of which is still only imperfectly understood by the rank and file of the trade. The habitual use of narcotic alkaloids has recently assumed enormous proportions, and, unless curbed in time, the odium of the evil will involve the good name of the entire calling. Cocaine and morphine habitues are now numbered by the thousands, and people unacquainted with one or more victims of this dreadful habit are very, very few. We have no statistics at hand, but we venture to state that there are now in our country almost as many drug victims as slaves of alcoholism, and their cases are in almost every instance more hopeless. Almost every occasional purchaser of these drugs is a victim, and the plight of the unfortunate is almost invariably desperate. He has no immediate incentive to deny himself, except his will power, which is a poor enough weapon at best, even before its edge has been blunted by the overpowering drug. He has no public opinion nor fear of appearances to restrain him. The drugs produce no conspicuous abnormal symptoms, and are to the habitue necessary to preserve his normal manner and power. The traffic is entirely in the hands of the druggists, and when the public discovers to what extent the evil exists, and that those responsible for its growth and continuance are potential, if not actual lawbreakers, there will be a terrible outcry, that cannot fail to effect the reputation of the entire trade. It is not to be supposed that the majority, or even more



than a very small proportion, of druggists encourage the abuse of narcotic alkaloids. It is the few disreputable hangers-on, which are found in every profession, that are exploiting the vice under the cloak of pharmacy. Most druggists are heartily ashamed of the connection of their calling with the degrading evil. The associations, which represent the better element in pharmacy everywhere, all denounce the evil in vigorous terms. These degenerate druggists will respect only one power, the power of the law, and they are adepts at evasion. We have been informed that some of them even employ an individual, who has in some way secured a physician's license, for the sole purpose of prescribing for the victims, so that they may be supplied without danger of legal complications. It is not enough to merely discourage the indiscriminate sale of morphine and cocaine by the reading of papers and the passing of resolutions. The pharmacists of the country must do more than this if they would preserve the good name of their calling. They must make it their business to see that the druggist's license is not used as an excuse for debauching weak and helpless humanity. Much can be done by stimulating the authorities to more vigorous action, and also by arousing the public by means of stirring appeals in the lay press. It is far better to purify the calling from within than to permit the evil to grow until an outraged public vents its wrath upon the entire drug trade.

### POISONING.

(Continued from page 96.)

#### NITRO-BENZINE.

Nitro-benzine is a light yellow liquid, smelling like the oil of bitter almonds. In the human body it is converted into aniline.

*Diagnosis.*—The effects of this poison do not become manifest until about two hours after it is taken. This is a valuable

point of distinction between them and the effects of the essential oil of bitter almonds, which become apparent immediately after the poison is taken. A few hours after taking nitro-benzine there is a feeling of intoxication, followed by stupor, coma and death.

*Treatment.*—This substance being insoluble in water the use of the stomach pump is of great value if used soon after the poison is swallowed. The remainder of the treatment should be in accordance with the symptoms and indications presented for remedies.

#### NUX VOMICA, STRYCHNIA AND BRUCIA.

Nux vomica yields both strychnia and brucia. Brucia has properties similar to those of strychnia, but it is less powerful. Strychnia is a deadly poison, and is frequently used for evil purposes. One half grain of the sulphate of strychnia has caused death in twenty minutes. Three grains of the alcoholic extract of nux vomica has produced fatal results.

*Diagnosis.*—The symptoms of poisoning by nux vomica or its alkaloids usually become apparent at once, but they may be deferred for three hours or more, though usually all danger is passed in two hours. The symptoms are a sense of suffocation, difficult breathing, stiffness about the neck, sense of impending death, twitching of the muscles, jerking movements of the lower limbs especially, quivering of the whole body, limbs rigid, head bent back, while the body is stiffened and arched, so that it rests on the head and heels. The difficult breathing causes the face to become dusky, the eyeballs prominent and the lips livid, whilst the features assume a peculiar grin (risus sardonicus). There is great thirst but the spasm of the jaws prevent drinking. The patient feels that death is near, and as attacks of spasms approach cries out and begs to be held, rubbed or turned over. In from forty minutes to an hour the spasm passes

off, leaving the patient exhausted and bathed in sweat. The more the patient is disturbed or excited the shorter is the interval between the spasms, and though a firm grasp seems to afford relief, a slight touch, a gust of air, or the opening of a door, will bring on an attack. As death approaches the tetanic spasms rapidly succeed each other and the patient sinks, apparently suffocated during an attack and exhausted during an interval. Death usually occurs in about two hours from the beginning of the symptoms. The difference between tetanus caused by strychnia and tetanus resulting from a wound or disease is marked. In the latter case some exciting cause can be detected; the symptoms come on gradually and are not fully developed for several hours, the rigidity of the muscles are more or less permanent, there being no intervals of relaxation as there is in poisoning by strychnia, and death does not occur in less than twenty-four hours, and frequently not until the elapse of two or three days.

*Treatment.*—Emetics should be immediately given and repeated until very free vomiting has taken place. If the spasms have not commenced the stomach pump should be used. Chloroform may be given to relieve the spasms and pain, but the patient should not be unnecessarily disturbed, as the slightest movement may bring on the tetanic attacks. The patient must be kept warm and as quiet as possible. Tannic acid in the form of green or black tea, or oak bark, is believed to be of value, and animal charcoal and a solution of iodine are recommended by good authorities.

(To be continued.)

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### NEPHRITIS.

In a terse article on the complications liable to accompany or follow the eruptive diseases, published in the *Cincinnati*

*Eclectic Medical Journal*, Prof. H. W. Felter says:

"Nephritis is more common after scarlatina than after the other eruptive fevers. In a few cases it has developed in my practice without the child having had, so far as the parents had observed, any sort of previous sickness. A close inspection, however, revealed the desquamative evidence of at least a slight attack of scarlet fever. In some instances where they admitted that an eruption had been developed, they had attributed it merely to teething or to some disorder of the stomach.

The object of this note is to impress, more than anything else, the importance of warning the parents of the danger sure to follow carelessness in taking care of the little patient. In such cases explain fully the dangerous character of the complication as compared with apparent trivial symptoms shown in the earlier stage of the disease. A milky, pasty, or puffed appearance should excite suspicion at once, and under no circumstances should the physician fail to analyze the urine for albumin.

There are many remedies that may be indicated in post-scarlatinal nephritis, but if not carefully employed all may do more or less harm. Indeed, the chief thing to do is not to do too much by the way of medication. Trust rather to good nursing, carefully selected diet, quiet in bed, and freedom from all excitement. Briefly, I have found use for but few remedies. Specific gelsemium is mostly indicated to control febrile symptoms and to act mildly as well as a diuretic. Should vomiting occur frequently, as is often the case, specific aconite is to be preferred, usually associating with it specific ipecac. Where there is no vomiting nor diarrhœa, and the dropsical condition is prominent, specific apocynum gives relief and increases the flow of urine. But for most cases noth-

ing will be found more effective in increasing the renal secretion and clearing up the cloudy condition of the urine than Lloyd's nitre. This agent must not be used in large doses or the condition will be aggravated by increase of irritation and consequent augmentation of the inflammatory condition. The dose must be minute and the administration continuous. We prescribe it as follows: *R*.—Lloyd's nitre, gtt. x, aqua fl.  $\bar{\text{z}}$ iv. Sig. one teaspoonful every half hour or hour. Other indicated remedies may be used at the same time. I have observed in all my cases that when the nitre is discontinued, even for a day, the urine increases in cloudiness, becomes more scanty, and yields a heavier albuminous precipitate. When it is resumed a better condition follows. This medicine should be kept up until all trace of albumin has disappeared. Then the patient may be put upon specific echinacea and mild doses of potassium acetate until complete recovery is assured."

### ACUTE BRONCHITIS.

The abstracts which follow, lucidly giving the symptoms, diagnosis, prognosis and treatment of acute bronchitis, are taken from an able and exhaustive article by Dr. B. L. Simmons.

*Symptoms.*—Symptoms of coryza often precede for a short time the development of bronchitis, with the addition of pectoral oppression. Following these coryzal symptoms the attack is abruptly announced by chilliness or a rigor, sometimes only chilly sensations, which may last for several hours. The chills, or chilly feelings, are succeeded by febrile reaction which soon reaches its acme of 101 to 103° sometimes 104° or more in children; the pulse is frequent and generally hard, the mouth is dry, and the tongue is coated white; the appetite is impaired, constipation is present, and the urine is scanty and high col-

ored; the oppression in the chest has increased, the respirations are laborious, and a hard, dry cough annoys the patient.

If the smaller bronchial tubes are involved, dyspnoea is sometimes very great, more or less soreness is felt upon coughing, and a sub-sternal pain is generally present.

The extremities ache, and pains in the back are sometimes experienced.

About the third or fourth day of the attack the cough and dyspnoea are increased, the tongue is nasty, and the patient very restless, especially at night. These symptoms continue until the fifth or sixth day, when secretion begins to appear. By the eighth or ninth day the secretion from the bronchi is fully established, and an amelioration of all the symptoms occurs, followed by convalescence.

But instead of the sthenic conditions thus described, we may have asthenic symptoms from the first. The oppression in the chest is greater, the breathing more labored, the reactionary temperature is not so high, the pulse is weak, the cough is distressing and convulsive, and the expectoration abundant. If the case is severe and not relieved, all the symptoms gradually increase; the tongue and face become livid, the external respiratory muscles are brought into forceful action, inspirations grow more prolonged and expirations more short, until in a fit of suffocation the patient expires.

*Physical signs.*—Percussion is negative. Palpation is most always negative, but may reveal bronchial fremitus, especially in bronchitis of children. Inspection is negative, save it may reveal slightly increased respirations.

Auscultation is positive. The dry, sonorous rales, when the large tubes are involved, and the sibilant rales when the smaller tubes are invaded, are early manifestations.



When the stage of secretion is reached these sounds are replaced by the mucous rhonci, coarse or fine, according to whether the large or small tubes are affected.

*Diagnosis.*—The marked fever, cough, oppression and soreness of the chest, sub-sternal pain, with the auscultatory sounds are sufficient for a diagnosis.

*Prognosis.*—The prognosis is generally favorable. In the old and debilitated, or in those cases having severe asthenic symptoms, the prognosis should be reasonably guarded. If the mucus in the early stages is very viscid and tenacious, the case is stubborn, but not necessarily fatal. If after the bronchial secretion has become muco-purulent, it should again become scanty, tenacious, and mucus-like, and this happens prior to subsidence of the constitutional symptoms, it indicates a relapse of the inflammation.

*Treatment.*—The treatment of this disease should be such as will shorten its duration without injuring the patient. If the patient presents evidence of accumulations in the stomach, a gentle but thorough emesis should be induced. If evidence exists that the bowels are loaded, a mild cathartic should be given. The frequent and hard, or hard and wiry, pulse requires veratrum, and if the face is flushed, gelsemium should be added. Should the pulse become small and frequent, aconite should take the place of the veratrum.

Bryonia is demanded in this disease by the tough mucus which is hard to raise, and the dry cough. Lobelia is demanded by the oppression in the chest and as a special sedative. Asclepias should not be forgotten. The dryness of bronchi, painful cough, soreness in the chest, and the hot and dry skin call for it.

Let us sum up the remedies as here given for the dry stage of bronchitis—veratrum, aconite, gelsemium, bryonia, lobelia, and asclepias (six of them)—and

they will relieve almost any case of the sthenic form of acute bronchitis. Lobelia, bryonia and asclepias should be given continuously; veratrum and aconite replace each other according to the pulse, and gelsemium is to be given upon its indication. The asclepias, lobelia, aconite, gelsemium and veratrum associate, but bryonia should be given in alternation. Locally, over soreness of bronchi, spirits turpentine (two parts and arnica one part) should be applied.

A free muco-purulent discharge is present—sometimes blood; the fever persists, and the pulse is quick and may be jerky. This condition requires lycopus every hour in alternation with specific ipecac. The fever has declined, but a free and annoying secretion continues, creating a harassing cough. This case should have specific ipecac and specific sanguinaria suspended in syrup of tolu.

In the early stages, the paroxysms of cough and want of rest should have codeine in one-fourth grain dose, and this should be repeated, if necessary, to quiet the nerves and produce sleep. This alkaloid may be given at any time during the attack, if the lack of rest and sedation of the nerves require it.

The asthenic form of this disease requires that all indications be met.

Steam inhalation of iodine or of acetic acid is valuable. Locally, the comp. powder of lobelia and capsicum should be dusted upon a larded cloth, warmed and applied over the trachea and upper part of the thorax.

The diet should be warm liquid preparations which are stimulating.

The room should be kept at a temperature of 68 to 78° and cleanliness of person should be secured. Hygiene must be carried out in every respect so far as is possible.

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The editors of the *Georgia Eclectic Medi-*

*cal Journal* have adopted a platform which has the ring of true metal. Every plank in it is sound to the core. It is headed "Our platform," and reads as follows:

"That 'He who runs may read, and that the wayfaring man, though a fool, need not err therein,' we give you the following original definitions, which contain the digest of true Eclecticism as we see and understand it.

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Eclecticism is not a one-school or a one-man system of medicine, for it embraces all the known means and all the remedial agents that can be safely and properly used and administered in the cure and restoration of the deranged conditions of life.

Specific Medication is not the use of one man's preparations, for it is but the administration of remedial agents of standard and uniform strength, according to their provings and indications.

The proving of a drug is the determination of its remedial action upon abnormal life.

The characteristic symptoms of that abnormal life condition are the specific indications for the administration of the drug.

These truths have been proven by years of application and test.

The action of drugs is shown to have a positive relationship to and controlling influence over the symptoms present in diseased states.

Thus we say that: The specific action of a medical agent is its proven or restorative action upon abnormal life, and the administration or application of such agents to abnormal life conditions, according to symptoms resulting from such states, is Specific Medication.

Eclecticism, then, is the practice of specific medication, according to the symptoms present from hour to hour."

Truly, doctor, I believe that you need this journal from "away down South."

The *Review* and *Journal* pull finely together. Why not have the pair, and in that way get close up to the band wagon?

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Dr. W. K. Smith says that the following treatment has been employed by him in numerous cases of furuncles and carbuncles with prompt and uniform success:

"I take a piece of soft linen or borated gauze and rub some vaseline on one side of it, and quickly pour on it some chloroform and apply it to the unopened boil or carbuncle, and place a bandage over all. It smarts just a trifle at first, but is soon succeeded by a pleasing, cool sensation. I give the patient a bottle of the remedy, and direct that the cloth be often changed, and in from two hours to one day the boil (no matter how indurated) softens and opens.

The advantages of this method are: 1. Pain relieved from the first; 2, painless opening; 3, avoids shocking the patient; 4, heals more rapidly than any other method yet used, and 5, makes a patient who fears a knife your everlasting friend. If you have never used it, doctor, try it on the next Job who presents himself."

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Dr. Leonard Bailey, of Middletown, Conn., in speaking of *Fyfe's Modern Materia Medica*, says: "The book is a very interesting one. It is brief, but very comprehensive and practical. It contains all necessary knowledge of modern materia medica and therapeutics. Every student and physician should read this treatise, as the different subjects are admirably presented. I got vastly more than my two dollars' worth out of the book within a few hours after receiving it. Prof. Fyfe has been a foremost writer and teacher, and he is entitled to great honor for the valuable work he has done for our school."

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Recent investigations have shown that in typhoid fever an abundant consump-

tion of water by the patient constitutes the most important means of ridding the system of toxins, as the urine is the most efficient excretion for their elimination.

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As our experience enlarges and a fuller knowledge of our old remedies is acquired, additional indications for their exhibition are constantly being seen. This fact would seem to suggest that our knowledge of these old remedies is still imperfect and that they are worthy of further study.

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An eminent Eclectic physician in writing of the great progress and advancement of the Eclectic school kindly suggested that the time has arrived when some changes should be made in our methods of teaching. He thinks there is too much "no school" teaching in some of our Eclectic colleges. In speaking of text-books he very appropriately remarks: "Allapathic text books on therapeutics and practice have no business in our colleges."

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## SOCIETY MEETINGS.

### ECLECTIC MEDICAL SOCIETY OF THE STATE OF NEW YORK.

The general report of the above meeting appeared in our April number, but we failed to give the names of the officers for the coming year. They are as follows: President, E. H. King, Saratoga Springs; 1st Vice-President, T. W. Pomroy, New York City; 2nd Vice-President, H. Stoesser, Union Course; 3rd Vice-President, O. Davis; Treasurer, W. S. Dart, Harpersfield; Recording Secretary, S. A. Hardy, New York City; Corresponding Secretary, G. W. Boskowitz, New York City.

Several of the papers read at this meeting appear in this number.

### NATIONAL ECLECTIC MEDICAL ASSOCIATION.

For two years the vital importance of organization has been urged upon every Eclectic physician. There has been an almost universal response from every locality. The necessity for a compact organization and a perfect co-operation is acknowledged from every quarter. As a result, many local societies are forming, the State societies are being materially strengthened, and the individuals in every locality, however isolated, are taking a greatly renewed interest in eclecticism and are resolved to exercise a stronger personal interest in its advancement and consolidation.

The work appeals strongly to every reader of this journal. The personal responsibility upon every man who loves the cause and depends upon it for his success is a great one and must be borne. This has been brought to the attention of the State societies very successfully by the secretaries of each society, each of whom is the representative of the National Association in this important work.

We have now come to the time of the *Annual Meeting* of the *National Association*. The plans have been arranged very carefully with full attention to the minutest detail. Indianapolis, Indiana, is a central point, as accessible as Chicago, and possessing every possible facility, advantage, and attraction. The responses that have been made to our appeals to be present, and to participate, have been so unusually prompt and cordial that we are assured that *The National will hold this year the most largely attended and most successful meeting in its entire history*. The programme has been arranged with unusual care, and there is being prepared a most excellent array of papers in every department. The *Departments of Medicine and Surgery* are very full. The gentlemen who were early placed in charge of these departments have entered into the work with an energy and zeal commensurate with the



importance and responsibility of the work and have been most abundantly rewarded. All who have worked have worked well and have been well repaid. Every possible attraction, intellectual and social, is being furnished, and it is hoped that there will be a very large general attendance.

We desire to make this an *Eclectic reunion* this year. Every physician, whether a member of the National Association or not, is *urged* to be present. The benefit and enjoyment will repay you for the sacrifice a hundred-fold and your presence will add zest, encouragement and attractiveness to the occasion. We urge upon every Eclectic to lay aside his work on the 9th, 10th and 11th of June and be with us at Indianapolis in this reunion. We shall depend especially upon the *Eclectics of the Middle Western States* to a man, to be with us and assist us on this occasion.

J. D. McCANN, M. D.,  
President.

FINLEY ELLINGWOOD, M. D.,  
Recording Secretary.

#### ANNOUNCEMENT OF THE NINTH ANNUAL MEETING OF THE NEW ENGLAND ECLECTIC MEDICAL ASSOCIATION.

The New England Eclectic Medical Association will hold its Ninth Annual Meeting at The New Falmouth Hotel, Middle street, Portland, Me., Wednesday and Thursday, May 27-28, 1903, beginning at 10 A. M. Wednesday.

"The New Falmouth," which is one of the best hotels in New England, and where, by special arrangement, all attending members will stop, offers a rate, American plan, of \$2.50 a day.

##### PROGRAM.

Officers: President, Henry Reny, M. D., Phar. G., Biddeford, Me.; First Vice-President, Edwin Morgan Ripley, M. D., Unionville, Ct.; Second Vice-President,

Alfred Horace Flower, M. D., Boston, Mass.; Third Vice-President, Thomas Mulligan, M. D., New Britain, Ct.; Secretary, Sylvina Apphia Abbott, M. D., Taunton, Mass.; Treasurer, Algernon Fossett, M. D., Portland, Me.; Librarian, Herschel Napoleon Waite, M. D., Johnson, Vt; Censors, Drs. Theophilus J. Batchelder, Alonzo D. Muchmore, John A. Donner, Frank W. Snell, Wilbur F. Templeton and Stephen B. Munn.

#### CONNECTICUT ECLECTIC MEETING

The 48th annual meeting of the Connecticut Eclectic Medical Association was held at the Allyn House, Hartford, on Tuesday, May 12, 1903, commencing at 10 A. M. The meeting was interesting and well attended. Those in charge were as follows: President, Thos. Mulligan, M. D., New Britain; vice-president, R. E. S. Hayes, M. D., Hazardville; treasurer, LeRoy A. Smith, M. D., Higganum; corresponding and recording secretary, Geo. A. Faber, M. D., Waterbury. Censors:—Thos. S. Hodge, M. D., Torrington; Lottie M. Moriarty, M. D., So. Meriden; Geo. B. Bristol, M. D., Middlebury; E. M. Ripley, M. D., Unionville; LeRoy A. Smith, M. D., Higganum.

#### PENNSYLVANIA ECLECTIC MEDICAL ASSOCIATION.

The 13th annual meeting of the Pennsylvania Eclectic Medical Association will be held at Allentown, Pa., headquarters at Allen Hotel, Tuesday and Wednesday, June 2 and 3, 1903; sessions at 2 and 8 P. M. on 2nd and 9 A. M. on 3rd; banquet at 10 P. M. on 2nd.

Officers for 1903:—President, Frank Grosse, M. D., Mechanicsburg, Pa.; first vice-president, Nannie Sloan, M. D., Latrobe, Pa.; second vice-president, E. E. Bittner, M. D., Somerset, Pa.; corresponding secretary, W. O. Keffer, M. D., Frugality, Pa.; recording secretary, R. E. Holmes, M.

D., Harrisburg, Pa.; treasurer, J. M. Louthier, M. D., Somerset, Pa. Board of Censors:—Drs. W. O. Keffer, C. E. Spicer, C. L. Johnstonebaugh, J. M. Louthier, R. E. Holmes. Banquet Committee:—Drs. S. H. Dech, Allentown, Pa.; C. I. Johnstonebaugh, Bethlehem, Pa.; E. J. Dech, Easton, Pa.

Owing to the G. A. R. meeting in Allentown at same time of our State Meeting, we must arrange for sleeping accommodations, so we must know who will attend; otherwise we cannot assure you sleeping accommodations. Please send reply card at once to Dr. Dech, who will arrange for those who reply to him.

Respectfully yours,

R. E. HOMES, Secretary.

Rec. Sec. of E. M. A. of Pa.

#### BEACHONIAN SOCIETY.

Sounded then the happy glee  
Of a revelling company!  
Flow the wine and flight of cork,  
Stroke of knife and thrust of fork.  
Joyous each one of the guests,  
Sprightly stories, witty jests.

W. M. Praed.

The Thirteenth Annual Banquet of the Beachonian Society, held on the evening of May 6th, was certainly a most enjoyable occasion, for besides a feast of reason and a flow of soul there was ample provision for supplying the wants of the inner man and even the most ardent disciples of epicurianism were satisfied.

Dr. Harris, as master of ceremonies, presided with grace and dignity and introduced each of the speakers with eminently appropriate remarks.

The first speaker of the evening was Dr. Kallman who chronicled the history of the class of 1903 with a veracity worthy of Bancroft or Macauley and a purity of style quite equal to that of Spencer or Emerson. He was listened to with delight and appreciation, especially by the members of the class, who

were moved to wonder both at his keenness of observation and retentiveness of memory. In his capacity as prophet he lifted the veil and with the eye of prophecy peered into the future. To some it appeared as though he must be wearing the famous rose colored glasses, while to others, for whom his forecast was not quite so flattering, it appeared that he must either be suffering from a bad case of strabismus or, indeed, from complete amaurosis, and stood in dire and urgent need of the prompt attention of Dr. Herzog. His history and prophecy was certainly well written and although the truth is not always palatable, it speaks well for the self-control of the members of the class when it is said that Dr. Kallman was seen wending his way homeward with all his members intact.

Next followed Dr. Tienken as poet, who paid a touching tribute to each of the members of the Faculty, which they took with extremely good grace. Each of the members of the class was considered in terms more or less complimentary—chiefly less, but this was doubtless due to the fact that just before vouchsafing her inspiration, the Muse had been dining on pickles and red peppers. The poet has promised, however, that should she at any future time be moved to express herself in rhyme, she will see to it that the Muse is first supplied with an ample sufficiency of a superior brand of nectar and honey, or at any rate, with some of the now popular ice cream sandwiches.

Dr. Sibley next had the floor and spoke with his usual fluency and eloquence. Whenever Dr. Sibley rises to speak we always settle back and prepare for a treat, knowing that with his command of language, his exquisite sense of humor and his magnetic personality we will not be disappointed. The occasion of the Beachonian banquet proved to be no exception and we were all sorry when he took his seat, as we could have wished that he would follow the example of Tennyson's brook and "go on forever."

Dr. Tyrrell as the last speaker was in his

very happiest mood—indeed, with his fund of anecdotes and his delightfully easy manner of speaking, he reminds us forcibly of that world-famous after-dinner speaker, Dr. Depew,—in fact, we think “Chanse” as Mr. Dooley calls him, has a very close rival in Dr. Tyrrell. In his remarks with reference to the “kiss” Dr. Tyrrell was particularly good, recalling fond memories to the hearts of those who had passed the heyday of their youth and inspiring those still tyros in matters osculatory, with an ambition to conduct a vigorous line of independent research. Of Dr. Tyrrell it can truly be said in the words of Mark Twain, that when he dies even the undertaker’ll be sorry.

Thus the Thirteenth Annual Banquet of the Beachonian Society will live long in our minds as a very pleasant memory, nor did any of us have to say with that genial Irishman when after the occasion of a family reunion he was asked who was the head of the Dooley family: “I dinnow who’s th’ head iv th’ Dooley fam’ly. All I know is that I had wan th’ nex’ mornin’”.

H. S. T.

#### ALUMNI ASSOCIATION—ECLECTIC MEDICAL COLLEGE, CITY OF NEW YORK.

The near prospect of a renovated college building must have had a forecasting effect on the members of the Alumni Association of the Eclectic Medical College of the City of New York at their annual meeting held on Wednesday, May 6th.

There was a fine attendance, and while last year the younger element predominated, this year it was those of the earlier classes, who were in the majority. But there was no lack of enthusiasm and a general spirit of camaraderie prevailed, enhanced by the glorious sunlit day.

The association was called upon to report on the death of five of its members—Dr. Chas. Larew, Dr. Alice Burdick, Dr. J.

Howard Yarnall, Dr. Robert S. Newton and Dr. Wm. R. Hayden.

Dr. Hayden was the last surviving member of the first graduating class of the college. Though an invalid for a year or more past, his genial presence and earnest eloquence will be missed in our meetings.

The following resolutions, expressing our sympathy, were offered by the Committee on Necrology and adopted by the association.

*Whereas*, Drs. Wm. R. Hayden, Chas. Larew, J. Howard Yarnall, Alice Burdick and Robert S. Newton, all graduates of the Eclectic Medical College of the City of New York, fellow workers in progressive medicine and honorable and honored citizens of their respective communities, have since our last meeting succumbed to man’s arch enemy death.

#### *Be it Resolved:*

First: That in their passing, we recognize and submit to the unwelcome inevitable—the hour that must come to everything animate. Second: That so far as possible, we will cultivate their virtues, condone their failings and cherish their memories. And third: That to their families and their friends, we extend our earnest sympathy in this hour of affliction.

FRED’K. W. ABBOTT, M. D.,  
HENRY J. DOLL, M. D.,  
L. CHERURG, M. D.

This year there was a happy mingling in the short addresses made at the meeting. Dr. Fox, our honored member, led in the remarks, others followed and then sandwiched in were brief and witty speeches by our friends from Massachusetts, Drs. Abbott and Allen, and our own Dr. Gunning.

The tempting luncheon, with its coterie of charming women flitting around, added piquancy to the after-dinner bon-mots.

The Dean, Dr. Boskowitz, made the introductory speech and announced Dr. Henrietta Tienken as the successful competitor for the prize of a battery from Prof. Waite of the Department of Electro Therapeutics.



Dr. Hinds, Dr. Thompson, Drs. Perrins, Howes and Forbush of Boston, Dr. Fitch, Dr. Carrie Brandenburg and Dr. Arvine followed with remarks, grave and gay. Dr. Boehm of Brooklyn and Dr. Bowen of Georgia also added their words of cheer when called upon.

All were in happy mood and ready in sympathy and rejoicing to witness or participate in the commencement exercises which were held on the same evening, at Carnegie Lyceum. H. C. HINDS, M. D., Sec'y.

#### BOSTON DISTRICT ECLECTIC MEDICAL SOCIETY.

Boston, April 21, 1903.

The regular meeting of the Boston District Eclectic Medical Society was held this evening at "The Thorndike," dinner being served in the main dining room at 7 o'clock.

The business meeting was called to order by the vice-president—A. Waldo Forbush, M. D., at 8 o'clock.

By special request of several members the meeting was devoted to the discussion of the paper read at our last meeting on *Veratrum Viride*—see April number of the REVIEW, page 100.

Dr. Allen stated that ten years he had not used a drop of *veratrum* and so did not feel at all qualified to enter upon the discussion. He wished to testify to the excellence of the paper.

Dr. Russell said he had used the drug quite a little of late and was much pleased with the paper. He thought *veratrum viride* was one of the foremost remedies to be thought of in pneumonia especially when there was the characteristic pulse. He spoke of a patient who called at his office a short time ago, quite an old gentleman. There was considerable rise in the temperature, hard, dry cough, with pain in the right side. Sent him home with instructions to go immediately to bed. Next morning found him with catching respiration, severe pain on the right side with considerable dullness of the

lower lobe of the right lung, temperature 102°, pulse full and bounding. Diagnosis, pneumonia; treatment, *veratrum*, citrate of ammonium, *asclepias* and external application of *libradol*. This morning his temperature was normal, pain all gone and he was on the road to recovery. Some years ago I was called to treat a lady 80 years old who was suffering from pneumonia. Friends thought she would die. *Veratrum* was indicated and this drug was prescribed with other remedies according to their indications. *Strychnine* was used as a tonic giving 1-120 gr. every 2 hours; this was continued till its full effect was produced. I believe that *veratrum* is a safe remedy if used with due caution. I usually administer 20-30 gtts. to *aqua*  $\bar{\text{iv}}$  giving  $\bar{\text{v}}$  doses every  $\frac{1}{2}$  hour. My experience with the drug however has been limited. I am now using it more freely than the *aconite*. By many *aconite* is deemed the child's remedy, but I am very sure that small doses of *veratrum* will work admirably in children's diseases especially if we have the specific indications. *Veratrum* is a heart tonic. We should adjust all our treatment to indications. By so doing we shall get much better results.

Dr. Miles had read the paper with a very great deal of interest. He had been somewhat familiar with the drug for the last 46 years. Have used it personally in my practice for the past 44 years. *Veratrum* is not a specific for any disease, but it is a more danger in using *veratrum viride* than there is in handling any other drug which requires skill in its administration. It is the remedy when there is a full bounding pulse; no matter the disease, the *veratrum* will meet that symptom. When I have a nurse of capacity I frequently administer a dose of  $\bar{\text{v}}$  or  $\bar{\text{vj}}$  gtts. repeating in an hour. As soon as the pulse begins to soften reduce the dose to 2, 3 or 4 gtts. When your pulse comes down to 100 or thereabouts reduce your dose to 1 or 2 gtts. as the case may be. When we have the highly flushed face

and bounding pulse we are sure to do good with our veratrum. There are conditions where we may give large doses with great advantage. I have frequently given xv gtts. at a dose. Veratrum is of much benefit in epilepsy. My attention was first called to it by an eminent Old School neighbor of mine, when he had administered j5 doses with the most gratifying results. Since that time I give the heavy doses in the cases of epilepsy which come to my attention. I have had no experience with the drug in cases of puerperal convulsions. Regarding the query, whether or not veratrum is a febrifuge? Small continued doses of veratrum do reduce the temperature. Many Homeopathic physicians have dropped aconite almost entirely and are using the veratrum in small doses. I am learning more and more about the use of veratrum. I do not understand it to be a heart tonic, but it does reduce the force of the heart beat, making it more nearly normal, thus affording a certain amount of rest. But veratrum is not a heart tonic in the same sense as strychnine. In the quick, small pulse I have found that drop doses of veratrum will do good but you must study your cases. Without doubt Dr. Paul W. Allen ended his life by his persistent use of veratrum. He always talked it both in Boston and after he removed to Brooklyn. He was suffering from an attack of pneumonia and persisted, contrary to advice, in using veratrum, thereby causing his death by paralyzing the heart. Dr. A. J. Howe used to speak of veratrum as an alterative. I have no doubt that it controls the circulatory organs. In convulsions you may give xv-xx gtts.—hypodermically—without danger when indicated.

Dr. Bullock said that she had always relied upon the full bounding pulse as the indication for veratrum. There is one condition, or disease, which has not been mentioned either in the paper or by any who have spoken thus far, where I have used it with much advantage. That is erysipelas.

I use it locally with whichhazel, equal parts of each, and, if there is the full bounding pulse, I administer the veratrum internally. I also apply the veratrum and witch hazel locally in local inflammations with good results. In reading the paper I noticed what was said regarding nitro-glycerine not being a heart tonic. I have used it two or three times and did not have good results.

Dr. Miles said he had always been taught to use veratrum in erysipelas. He had also aborted felons with the remedy. About nitro-glycerine—that is another one of our edged tools. It is most valuable when you have the pale face and the feeble pulse. You have seen a fire that was almost out. You throw on a handful of shavings and you save your fire. So it is with your nitro-glycerine. Do not give it with a flushed face even if there is a flagging pulse. It will not aid you in that condition. I would like to make another suggestion for the use of nitro-glycerine. That is its power in controlling nausea. Add 1-100 gr. to ʒiij of aqua, and give ʒj doses every five or ten minutes until controlled. The vomiting of cholera infantum may also be checked by this remedy. Add 1-200 grs. nitro-glycerine to a tumbler of water and give in ʒj doses every hour. It will speedily stop the vomiting.

Dr. Forbush advised the adding the tiniest bit of alkali—bi-carbonate of soda for instance—to the nitro-glycerine and water. He affirmed that it would aid materially. Do not add enough so you can taste it. The doctor desired to call the attention of the members to the following point in his paper. "A pretuberculous dyspepsia, due to a deficiency of hydrochloric acid in the gastric juice. On account of this alteration in the gastric secretion a septic condition of the mucous membrane is produced by fermentation." It has long been my belief that pathological changes as tuberculosis, cancers, etc., are primarily due to chemical changes in the blood. They are not caused by parasites.

The so-called parasitic cause is but the residue of pathological blood change. That change has the power of tissue fermentation and hence the so-called disease.

Dr. Abbott said that he had read the paper with much pleasure. It was a subject in which he was greatly interested. The paper was a credit to Dr. Forbush and to this society. My experience agrees largely with what has been said. Watch your specific indications. The drug should be given according to varying conditions which we must learn by long experience. I wish to speak of its use in puerperal eclampsia. I have seen five cases during my seventeen years of practice. I have used 30 gtts. of Lloyd's Spec. Med. hypodermically with the best results. When called to one of these cases I first give chloroform and then the hypodermic, repeated if necessary; I do not believe in the small doses. As to veratrum being a tonic. Yes it is a tonic, as recumbency is a tonic. I can understand where by causing a slow regular beat we tone the heart. I am also inclined to think that it is an alterative, although I would not think of veratrum when I have cinacea.

Dr. Howes, referring to the use of veratrum in erysipelas, said that Prof. A. J. Howe was always advising the use of veratrum in the treatment of erysipelas. He also taught us that veratrum was a valuable alterative. His medicine case, which he used to display to the class, consisted of two vials which he used to carry in his vest pocket; one contained veratrum the other a preparation of opium. Veratrum is of much service in chronic disease, but here we must use it in minute doses and for a considerable space of time. Regarding the use of nitro-glycerine the Doctor agreed with Doctor Miles that it was a valuable remedy in selected cases. He felt that the pale, pallid face and feeble pulse was the key note for its use. He had used it many times in just those conditions and it had always served him well.

Dr. Forbush in closing said that we, as

physicians, paid too little attention to the way in which the medicines we used were manufactured. That many times we fail because of the inertness of the preparation used.

PITTS EDWIN HOWES,  
Secretary.

## ECLECTIC MEDICAL SOCIETY OF THE CITY AND COUNTY OF NEW YORK.

New York, April 16, 1903.

The regular meeting of the Eclectic Medical Society of the City and County of New York was called to order by President Herzog at the College Parlors on the above date. Thirty members responded to the roll-call. Dr. C. Brandenberg presented the following cases:

*Case No 1.* Basedow's disease, discussed by Drs. Hyde and Boskowitz. Dr. Boskowitz recommended Ex. Iris Fl. and tonics.

*Case No. 2.* Caries of the left humerus.

Dr. Boskowitz recommended his favorite injection of Infusion of Podophyllum and zinc sulphate and reported numerous successes with this form of treatment.

The Committee on Resolutions reported on the death of Dr. Newton and Prof. Yarnall.

The Resolutions were adopted and a page set aside in the minute book to the memory of our departed colleagues.

W. L. HEEVE,  
Secretary.

## KINGS COUNTY ECLECTIC MEDICAL SOCIETY.

The regular meeting of the Kings County Eclectic Medical Society was held at the office of Dr. J. W. Nordbrock, Dr. H. Stoesser presiding, April 20, 1903. Dr. DeBeer presented the society with a paper, "Intestinal Indigestion." Drs. Pearlstein and Heeve discussed the paper. Dr. Louis gave an outline of the article



he is going to read at the next meeting, which will be on the 18th of May, at the office of Dr. J. A. Nordbrock, 1260 Jefferson Avenue.

J. A. NORDBROCK,  
Secretary.

## SELECTIONS.

### ARTERIAL TENSION

James Mackenzie, in his recent book on the "Study of the Pulse," thus describes the pulse of high arterial tension: "The impact of the oncoming wave may be somewhat gradual in attaining its maximum force, and sometimes the tracing obtained presents a sloping upstroke, or may even be anacrotic. If the heart be strong and contracting vigorously, the pulse wave may strike abruptly, as in certain cases of Bright's disease, or in slow pulse with fever, in which the arterioles have not relaxed. After attaining its maximum force the pressure does not fall suddenly away during the diastolic period. In this particular the pulse of increased arterial pressure during systole, and a great fall in pressure during diastole, as occurs most typically in aortic regurgitation, and in large atheromatous arteries during febrile excitation of the heart. In the pulse of continuous high pressure the dicrotic wave is not perceptible to the finger as a distinct wave, but is merged in the resistance offered to the compressing finger. The aortic notch is high above the level to which the tracing falls at the end of the diastole—in striking contrast to what occurs in aortic regurgitation. The shock of the oncoming wave in the arteries may be felt by the patient over his whole body when the heart is acting with great vigor. Although the pulse rate may become slower with increase of pressure, it is far from being the rule that a high pressure pulse is a slow pulse. In many cases the pulse rate may continually be ninety and over, with

chronic Bright's disease, and yet the pulse retain its peculiar cord-like quality. In cases of recurrent high arterial pressure the pulse rate generally becomes slower."

No instrument has yet been invented which tells us so truly the degree of tension within the arteries as do the trained fingers of the experienced observer, and it behooves us not to be discouraged if at first we are unable to detect the less obvious changes from the normal, but merely by constant comparison gradually establish a standard which we should consider a healthy one, to recognize its normal variations and eventually to know what degree may be considered pathological.

Only too often is the laboring heart so exhausted by its endeavors to overcome the arterial resistance that it gives the clinician the impression that a stimulant is indicated, and consequently insult is added to injury, and the heart is whipped to work harder instead of having its load lightened. Digitalis often fails to give relief, simply because we forget that it causes the arteries to contract strongly. This property of the drug is a valuable one when the tension is low, and it has honestly earned its reputation as the best drug at our command in the usual cases of chronic valvular disease with failing compensation. It is quite otherwise, however, in those cases of arteriosclerosis, plumbism, gout, and chronic diffuse nephritis in which the tension is high and in which it becomes our duty to lessen the work for the heart to do, and by resting it, strengthen it. Many asthmatic attacks, headaches, attacks of convulsions, muscular twitchings, vomitings, prolonged epistaxis, apoplexies, angina pectoris, etc., can be traced to this cause, and may be relieved or prevented by means which lessen arterial pressure. In very urgent cases, amyl nitrite, chloroform, active purging, and even venesection, become most valued methods of treatment. Chloral, so justly considered a cardiac depressant, may, in small doses, serve our

purposes well, simply because it lessens the work for the heart to do by lowering the pressure through its dilating effect on the arteries. Thus a depressant becomes a cardiac strengthener by allowing that organ comparative rest. Nitroglycerin is another valuable agent, and has gained most of its reputation as a cardiac stimulant simply because it opens the arteries. For those cases of less acute character in which the arterial tension remains steadily high, or comes in attacks, much can be done by regulating the mode of life, simplifying the diet, avoiding fatigue and undue exposure and looking after the eliminations. Of drugs, iodide of potash seems to be the most reliable and should be given for long periods.—*Record*.

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*Water as a Nutrient.*—Dr. John Uri Lloyd rightly contends that greater attention should be given to the role played by water as an integral part of food as a nutrient, in the same sense that carbon and nitrogen are nutrients when found in certain molecular combination. Physiologists and food analysis have been content to base their tables of food valuations upon the inorganic elements obtained by disruption of the molecules of plants and animals, but have disregarded the food value of the water itself; they have failed to recognize the combined water of organized water-bearing foods as an integral part of food. There is general recognition of the importance of water in the elimination of waste products, in facilitating the diffusion of gases, in regulating bodily temperature, and as a carrier of dissolved nutrient solids, but too little consideration has been given to the fact that carbon, nitrogen or hydrogen pure and simple are not available as food, and cannot be assimilated as such; only when combined with water or by means of water do the elements become tissue-builders or heat-producers. There are abundant reasons

for regarding water as an integral part of, rather than as a mere carrier of food. It is the combined water that forms the real foundation of tissue pabulum, and it is to this vitalized or easily vitalized water molecule that Professor Lloyd very happily calls attention.—Ed. *American Medicine*.

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A German professor is enthusiastic over the power lemon juice has in destroying the germ of diphtheria. He lost one case out of eighty where he used this remedy. The juice was diluted and used freely as a gargle and local application. Small pieces of lemon can be chewed or sucked and the effect is speedy and satisfactory.—*Medical Times*.

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If you have not paid your subscription, do it now.

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## BOOK REVIEWS.

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The Essentials of Modern Materia Medica and Therapeutics. By John William Fyfe, M. D., with Formulary by G. W. Boskowitz, M. D. 12mo., 344 pages, cloth, \$2.00 net. The Scudder Brothers, publishers, Cincinnati, O.

A copy of the Essentials of Modern Materia Medica and Therapeutics recently issued by Professor John William Fyfe, M. D., has recently come to my notice.

I have looked carefully through this "mul-tem in parvo," which contains the principal points of ready reference, and brief outline without waste of words; and consider it a great help to the ambitious student who wishes to excel but has little time to wade through masses of literature in search of the vital points pertaining to drugs and their uses.

The doctor has spent much thought and time in the compilation of this valuable assistant; and having been a teacher himself,

he has so dealt with the subject that in a few lines he has spoken volumes.

The Formulary at the end of the book, compiled by Professor Boskowitz, is of special value to the student, it gives him a knowledge of prescription writing as well as an insight into the combination of drugs and their uses, essentials I have found so difficult for the coming physician to understand and familiarize himself with.

I suggest this book be added to the College Armamentarium.

Very respectfully yours,

C. WELLINGTON FITCH, M. D.

## ITEMS.

### RESULTS OF THE VACCINATION OF THE POLICE AND FIRE- MEN OF INDIANAPOLIS.

(Report Furnished by Secretary of State Broad of Health).

City Police Surgeon Barstang, assisted by Leonard A. Ensminger and H. Clay Meek, in accordance with an order of the Board of Public Safety, vaccinated all the police and firemen of the city. The work was commenced January 7 and finished in two days. Mulford's tube vaccine was used. One hundred and seventy-five firemen and 181 policemen, 366 in all, were vaccinated. Of this number 53 were never vaccinated before, and 13 had had smallpox. Not one of those who had had the disease responded to vaccination, and of the 53 unvaccinated, all but 3, 94.3 per cent., took finely. These three, though repeatedly vaccinated, could not be made to respond. Two hundred had been vaccinated previously at periods varying from 4 to 40 years. Twenty-eight of

D. K. Broga of Oneida died the early part of April.

Dr. J. E. Salsbury of Cazenovia, New York, writes that there are a couple of fine openings for Eclectic practitioners in his

neighborhood. He will be glad to answer any questions.

these did not take after repeated trials. All of these 28 had good scars, and had been operated on within the last ten years. Of the 262 secondary successful vaccinations, 231 had pronounced takes, (over 88% of takes).

One of the policemen, thirty-eight years old, a neurotic, was very sick with his vaccination and lost fourteen days from duty. Outside of this case only 21 were off duty, the total time lost being 46 days. Some of this lost time was due to coincident attacks of la grippe. Every precaution was taken against infection, and while there were ten severe takes, there was not a case of ulceration or sloughing. Although the duties of firemen and policemen bring extraordinary exposure, still not a case of smallpox has appeared among them.

Kings County Dispensary Society have elected the following officers: President, Dr. O. A. Perrine; vice-president, Dr. H. Stoesser; treasurer, Dr. W. J. Krausi; secretary, Dr. W. L. Heeve. Board of directors: Drs. Nordbrock, King, Pearlstien, Boskowitz, Mason, Dincin, Burdick, Birkenhauer, Lundbeck, Krausi, Heeve and Herzog.

In a letter from Dr. Jacob Van Valkenburgh he says: "I know two locations for Eclectic physicians; they are good country locations. If you know of any physicians of the Eclectic school desiring a location, let me know."—Sharon, Schoharrie Co., New York.

Watch the changes in the college building.

The National Eclectic Medical Journal, published at 2300 University street, St. Louis, A. F. Stevens, M. D., editor, H. H. Helbing, M. D., associate editor, is the



latest addition to our Eclectic literature. We welcome it heartily and wish it success.

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The subscription blank is continued in the advertising pages of the REVIEW. Don't forget to use it.

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Last call for the National.

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The query department for want of space has been omitted this month.

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*Dysmenorrhoea*.—Chief among the symptoms for which the patient seeks relief in this condition is the pain preceding or accompanying the menstrual flow. This pain is often of so agonizing a nature as to incapacitate her from all work or even to render her life unbearable. In these cases there may be present a displacement of the uterus, usually ante flexion, disease of the ovaries, uterus or tubes. In many instances, however, no pathological lesions can be found, the pain being due to a neuralgic tendency or to hypersensitiveness of the ovarian and uterine nerves, which manifests itself by painful sensations during the menstrual period, owing to the congestion of the tissues at this time, and may be accompanied by cramps of the uterine muscles. In this class of patients Hayden's Viburnum Compound is especially applicable, producing a marked sedative effect, relieving the pain and uterine colic, and if its use is persisted in it will gradually remove the hyperesthetic state and effect a permanent cure. If the dysmenorrhoea be due to uterine or ovarian disease it will serve as a most valuable auxiliary to the local measures, by helping to remove the existing congestion and overcoming any spasmodic element, thus greatly shortening the period of treatment.

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It was the unanimous opinion of the diners at the Alumni lunch that the ladies' committee had earned a rising vote of thanks.

Have you tried GOMENOL in the annoying cough following the acute stage of grippe? It just fits it. Send for samples.

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Have you noticed the adv. of Dr. Tilden's "Stuffed Club" in the REVIEW? Have you had a copy? If not, write for sample. It is a bright, spicy and common sense journal.

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The College Catalogue will be issued next month. Send in the names of prospective students in your locality.

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This is the time of year when a large supply of Merrill's Neutralizing Cordial is necessary.

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A full board of censors this year, but the class did not seem to mind it.

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If you have not been sampled with Libradol, write Lloyd Bros., Cincinnati. We wonder how we have practiced without it.

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We missed the genial Hughes and his wonderful table at the State Society Meeting.

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For Post Graduate study, we recommend the New York School of Clinical Medicine, 328 West 42nd street. Send to Prof. H. Stern for catalogue.

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The managers of the Cosmopolitan Hospital Society expect to purchase a building in East 115th street within the next few months.

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Fyfe's Materia Medica and Therapeutics is now on sale at College, or will be sent to any address, postage pre-paid for \$2.00.

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The Beachonian Dispensary, located at 187 Ludlow street, is doing great work for humanity. Over 100 patients daily are cared for.

# THE ECLECTIC REVIEW.

EDITOR: G. W. BOSKOWITZ, M. D.

VOL. VI

NEW YORK, JUNE 15, 1903.

NO. 6

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## THE NATIONAL.

The National meeting at Indianapolis is over and the members of the eclectic family are reaching out in all directions from the central point of the meeting to their different homes. The country was well represented and the largest meeting recorded for many years.

California, Texas, Georgia, New York, and numerous central cities and towns sent good numbers, and I venture to say that there was not one who attended but felt well paid for any sacrifice made to do so.

The officers have worked with great energy, and a fine meeting was the fruit of their labors. The New York doctors and their wives feel that they have had the most pleasant trip for many years, for our route was first to Cincinnati, where the hospitable greeting of our many friends there made us feel that if we traveled no further we were well paid for our trip. Everything was planned for our pleasure. We saw their beautiful city with its wealth of picturesque hills and fine homes. We brushed off the dust and fatigue of travel, and after a most delightful twenty-four hours, went to the meeting refreshed and full of appreciation for the charming hospitality shown us.

The local committee at Indianapolis left nothing undone that could make the social part of the meeting a success entertaining addresses, good music, and a pleasant social time generally was spent.

Mrs. R. L. Thomas contributed much to the pleasure of the first evening by giving a most interesting talk on "The Relation of the Doctor's Wife to the Profession".

She made many interesting points, and they were well received.

L. B.

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 THE INDIANAPOLIS MEETING.

What promised to be one of the most exciting and disturbed meetings of the Na-

tional was in reality one of the most harmonious, enthusiastic and best conducted meetings the National ever had. And every one who attended this meeting leaves with a sense of satisfaction, knowing that the resolution which made it possible to settle disputes outside of the general meeting was adopted as a standing resolution. The fine work of the officers generally and the secretary in particular was shown by the increased attendance, for this was the best attended meeting the society has ever had. Not only did the young members turn out in force, but there were more past presidents at this meeting than we have seen at any one meeting of the National, and we have been regular in our attendance for about twenty years. The work of the convention was well and promptly despatched. The entertainment furnished by the Indiana delegation was fine and much enjoyed.

Eighty-five new members were added to the roll and over a thousand dollars placed to the credit of the society at this meeting. So without fear of contradiction we can record this as the most successful meeting the National has ever held.

New York State was well represented and did its share toward making the meeting interesting. Its delegation included Drs. Krausi, Morhard, Tyrrell, Loius, Brandenburg and Boskowitz of Greater New York; Dr. G. A. Rowe of Buffalo and Dr. F. D. Gridley of Binghamton.

St. Louis was selected as the next place of meeting and the following officers were elected: President, R. L. Thomas, M. D., Cincinnati; first vice-president, F. L. Wilmeth, M. D., Lincoln, Neb.; second vice-president, J. A. McQueen, M. D., Chariton Iowa; third vice-president, C. G. Winter, M. D., Indianapolis; recording secretary, Finley Ellingwood, M. D., Chicago; corresponding secretary, Florence Tippet Duvall, M. D., Atlanta, Ga.; treasurer, W. T. Gemmill, Forest, Ohio.



## SETON HOSPITAL.

We were pleased while in Cincinnati to visit with our Ohio friends their college and hospital.

The old institute is so well known that a description is unnecessary, but the Seton Hospital has only recently been added to its facilities.

It is situated about half a mile from the college and its equipment is certainly very fine.

The operating amphitheatre arranged to accommodate 150 students is well lighted and a model of aseptic arrangement.

We are glad to have had the opportunity to inspect it, and congratulate the institute on its possession. (I wonder if the member from Chicago who was so positive as to the amount invested in equipment in Eclectic Medical Colleges outside of Chicago has ever seen it). In fact its possession by the institute is cause for congratulation to the entire school.

There may be larger hospitals but none where attention to the details, which make up the completeness of a modern hospital is more thoroughly enforced.

## DIPHTHERIA ANTITOXIN.

BY WM. L. HEEVE, M. D.

In the selection of the above subject for the writer's paper, he well knows that he is launching a remedy before you for discussion which has its enthusiastic admirers and its bitter enemies. Far be it from the writer to disturb a hornet's nest, but rather stimulate logical discussion based upon scientific data and backed by clinical experience *pro* and *con*.

In the pre-antitoxin days, diphtheria was the most dreaded disease of childhood, but to-day with antitoxin in our hand we feel safer and the mortality has been reduced over fifty per cent.

The majority of the writers of *our* school of medicine appear somewhat prejudiced

against this potent remedy; some call it *horse-juice* and condemn those who use it, claiming it is against the principles of our school. Almost every colleague who has written upon this remedy in the eclectic journals, condemning it, claim that they never make use of it in their practice. This seems irrational, as prejudice should not enter our mind while we are engaged in combating disease in this enlightened era.

We are all aware that one attack of many infective maladies protects the individual against another attack of the same disease. The individual so protected is said to be *immune* either partially or completely against that disease. Vaccination produces a disease closely related to small-pox which we call vaccinia, some claiming it to be a modified small-pox. This attack of vaccinia or *protective inoculation* renders the individual immune to small-pox for a certain number of years. The study of immunity has rendered possible *curative inoculation*, or injecting anti-toxic material as a cure for diphtheria, tetanus, etc.

It is known that the blood possesses power of destroying bacteria and their toxins. The chemical characters of the substances which destroy the bacteria we know little of, except that it is proteid in nature, that it is destroyed when blood is heated to 56°C. and that increased alkalinity increases the bactericidal power.

Probably alkalinity favors oxidative processes in the body cells.

The *side-chain* hypothesis of ehrlich and *phagocytosis* as put forth by Metschnikoff, give some idea how immunity may be accomplished and that it is either anti-toxic or bacteriolytic or that the two may often act together.

As is well known, we have two forms of immunity: Anti-toxic and anti-bacterial. Anti-toxic immunity renders the toxins harmless, while anti-bacterial immunity destroys the bacterial cells. In diphtheria we use the anti-toxic serum, which has no

action whatsoever on the bacteria, but it is capable of rendering inert their toxins. But how is this effect produced? Does the anti-toxin destroy the toxin? Apparently not, for in some cases the toxin can be recovered. It seems that a chemical union occurs between the toxin and anti-toxin with feeble bonds of attraction.

Ehrlich's *lateral chain* theory is now generally accepted as a good working hypothesis in explaining the nature of anti-toxic action, stated briefly as follows:

The cell body is composed of a central stable group of molecules; surrounding these central groups are less stable groups constituting the so-called *lateral chains*. These lateral chains, or receptors, are capable of forming chemical combinations with the various toxins and under stimulation when occasion requires, an excess of these receptors are formed, being thrown off into the blood, constituting the so-called anti-toxin and thereby conferring immunity against further destructive action of specific toxins. The toxins therefore are unable to form a direct union with the cell-body.

Wasserman conceived the idea, if animals were immunized with diphtheria bacilli, an *anti-bacterial* serum could be obtained. Experiments along this line prove the assertion. This seems fascinating, but we cannot agree with Wasserman according to our knowledge of the nature of anti-bacterial immunity. We know that the relation between the complement (alexin), bacteria and the immune body (amboceptor) is a definite one. Reasoning from analogy and actual observations, we are justified in concluding that the alexins of different animals may answer the same tests, but that the molecular compositions vary; therefore, the amboceptors of one animal may not enter into combination with the alexins of another animal of a different species. Perhaps this is the reason why anti-bacterial serums as anti-streptococcic and anti-pneumococcic serums have failed in human practice.

The scope of this paper and the time allotted the writer, forbid him to go deeply into the many logical theories and practical deductions advanced, but however there seems to be good ground to believe that in combating the bacteria and their toxins in the human system, we can reinforce the complement (alexin) and also reinforce the bacteriolytic or anti-toxic serums by obtaining them from the species closely allied to our own. It is possible, therefore, that our blood relation, the monkey, may win esteem by his contribution to our pharmacopœia.

When we say that the doctrines are bold we must not mean to infer that the experimental facts are wanting; they are just the reverse. The chemist has never seen an atom, nor has anyone seen an isolated toxin or anti-toxin, still we know they exist.

In the treatment of diphtheria, by anti-toxin, it has been proven that if injected when the disease is in its early stages, it is almost specific. The writer believes that most physicians do not inject enough units to thoroughly combat the toxins. It is the writer's plan of treatment when the membrane is limited to the tonsils, to inject 1500 units in a child under one year, 2000 from one to three years and 3000 or more in children over three years, repeating the dose in eight to ten hours if symptoms do not improve. In nasal cases double the amount and laryngeal cases never less than 5000 units as the initial injection.

The following case report well illustrates the writer's method of treatment:

Emile W—, age 4½ years, presented a well developed case of diphtheria with membrane covering both tonsils, uvula and anterior pillars of the fauces, temperature 105°, pulse 128, with faint first sound of heart at apex. Anti-toxin 3000 units were injected, followed within 18 hours by another 3000 units. At the expiration of twenty-four hours after the first injection symptoms improved, but 24 hours there-

after temperature rose and the membrane seemed spreading to the posterior nasal fossae and larynx. Another injection of 3000 units was given and an intubation tube inserted. At the expiration of 60 hours after the first injection, symptoms improved and on the fourth day temperature fell to 99.2°, pulse 140, with symptoms of collapse. Camphor and strychnine were injected and saline infusions given intravenous, with improvement. On the sixth day temperature was 99°, pulse 85, membrane rapidly disappearing and child begging for food. The intubation tube was now taken out and a spray of equal parts of peroxide of hydrogen and aqua calcis was applied to the throat and xanthox, nux and capsicum given internally. Thereafter the child passed through an uneventful convalescence.

One cannot witness the marvelous melting away or disappearance of an undoubtedly true diphtheritic membrane under the action of anti-toxin, without feeling that we have a new and powerful addition to our hitherto scanty means of attacking this disease.

The new methods of research and the far-reaching conceptions which they have stimulated and fostered seem likely to mark a new era in the treatment of specific diseases.

Brooklyn, N. Y.

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## THE SHEPARD-McMILLEN SANITARIA.

BY JOHN URI LLOYD.

These institutions are too well known to require an introduction from anyone. Dr. Shepard has been a feature in the Sanitarium work for fifty years, and has built up a widely known institution in nervous and chronic diseases. Located in the central West, a suburb of the beautiful and healthful city of Columbus, Ohio, accessible from every direction by rail and trolley cars, these two institutions stand ready to serve whosoever needs good care and attention in the field they cover. This writer

has reason to appreciate the value they especially offer to one needing perfect rest and home-like surroundings, together with the attention that comes from kindly medical care and watchfulness, not because of his own experience, but that of others near to him.

The buildings are located in a beautiful grove, are home-like, shady, quiet, and the surroundings all that could be asked. This refers to the Shepard Sanitarium proper, which has a capacity of 30 to 35 patients, or even 40 when crowded.

Some years ago Dr. Shepard associated with himself Prof. Bishop McMillen, M. D., his object being to establish a department for mental diseases, with capacity for 20 patients. With this object, all patients having diseases with mental complications, whether sane or insane, including the alcoholic or morphine habits, were turned over to Dr. McMillen, who as is well known, has made a special study in these directions. The result was more than could have been anticipated, for not only did the original Shepard's Sanitarium thrive and flourish, but in addition thereto the new Sanitarium conducted by Dr. McMillen came into prominence to such an extent as to require new buildings expressly for this purpose.

Recently, Shepard's Sanitarium has been separated into two distinct institutions, working in harmony with each other. One of these, The Shepard Sanitarium, where attention is given direct to patients needing rest, care and such relaxation as comes through pleasant surroundings; the other, the McMillen Sanitarium, in which, as has been stated, full attention and study are made of mental complications, the treatment being arranged in accordance therewith. These Sanitariums are located in the village of Shepard, a square distance from each other and work in harmony. To this we can add that they are both Eclectic in practice, Eclectic in principle, and the attending physicians are graduates of the Eclectic school in medicine.



## \*SANGUINARIA CANADENSIS.

BY J. W. FYFE, M. D.

*Common names.*—Blood Root, Red Puccoon.*Natural order.*—Papaveraceae.*Part used.*—The root.

*Description.*—This indigenous perennial plant has a creeping root covered with scattered fibres. When cut or bruised it emits an acrid, orange-colored juice. From each bud of the root-stalk there springs a single leaf and a round, erect flower-stalk about six inches high, with a single flower, and as they arise the folded leaf incloses the flower-bud and rolls back as the latter enlarges. The leaf is on a long petiole, and has large, roundish lobes separated by rounded sinuses. Its flowers are white, odorless and elegant, but of short duration.

*Dose.*—Fluid extract, 2 to 5 drops (the latter is emetic); specific medicine, 1 to 10 drops (the latter is emetic).

*Usual prescription:*

℞ Sanguinaria gtt. v to xxx.

Water ℥iv.

M. Sig. Dose one teaspoonful every one, two, or three hours.

*Indications.*—Tickling sensation in the throat, or irritation of the throat with cough; bronchitis, with increased secretion; atonic conditions of the stomach and bowels, with increased secretion of mucus; throat and air passages dry, hot and swollen; harsh and dry cough; sense of uneasiness and burning in the stomach, with nervousness; laryngitis, with cough and tickling or dryness of the throat; respiratory diseases, when the inspiration is difficult and the throat and air passages dry, hot and swollen; sense of constriction in the throat, with difficulty in deglutition.

Sanguinaria is one of our most efficient remedial agents in diseases of the throat and air passages. As a cough medicine it has but few equals, and when specifically indicated will alone cure many unpleasant

coughs. It also constitutes an important part of many cough mixtures which have been found useful in coughs presenting no marked specific indications. The patient coughs, but cannot give any particular reason for so doing. In order to meet these cases I have had manufactured the following tablet:

℞ Specific Sanguinaria gtt. ½.

Powdered cubebs gr. 1-40.

Sulph. morphia gr. 1-100.

Benzoic acid gr. 1-40.

Liquorice and sugar aa q. s. gr. 5.

M. Sig. Dose one tablet dissolved on the tongue every hour or two, or as often as necessary.

## SANGUINARINAE NITRAS.

*Common name.*—Nitrate of sanguinarina

*Description.*—An alkaloid known as sanguinarina is the most important constituent of blood root. It occurs in white, needle-like crystals or in a white powder, but its salts are red. The nitrate of sanguinarina is made by neutralizing sanguinarina with nitric acid and evaporating to dryness. This salt undoubtedly represents the medicinal properties of sanguinaria canadensis to the fullest extent desired, and for internal use is a favorite preparation of the drug. It is freely soluble in water.

*Dose.*—1-20 to ½ grain (the latter is emetic).

*Usual prescription:*

℞ Sanguinarina nitrate gr. i to ii.

Water ℥iv.

M. Sig. Dose one teaspoonful every two or three hours.

*Dose of trituration* (ten parts of nitrate of sanguinaria to ninety parts of sugar of milk).—½ to 1 grain.

*Indications.*—Same as for the specific sanguinaria.

## SANGUINARINAE SULPHAS.

*Common name.*—Sulphate of sanguinarina.

*Description.*—This salt is made by neutralizing the alkaloid sanguinarina with a weak solution of sulphuric acid and evaporating to dryness. It is red in color, very irritating when inhaled, and freely soluble in water.

*Dose.*—1-40 to 1-2 grain (the latter is emetic).

*Dose of trituration* (ten parts of sulphate of sanguinarina to ninety parts of sugar of milk).— $\frac{1}{2}$  to 1 grain.

*Usual dose.*—1-10 to 1-100 of a grain, in trituration.

*Indications.*—Same as for specific sanguinaria.

This salt is preferred when a strong solution of sanguinaria is desired as a stimulant or escharotic application in indolent ulcers, fungous granulations, etc., as it is more soluble than other preparations of the drug.

*Sanguinaria canadensis* in small doses is a stimulant and tonic. In large doses it is sedative, expectorant, diuretic and diaphoretic. In very large doses it acts as a harsh emetic and narcotic. Excessive doses have caused death.

\*Except from Fyfe's *Materia Medica*.

## A CASE IN PRACTISE.

BY F. D. GRIDLEY, M. D.

Read at the meeting of the New York State Society,  
April, 1903.

Feb. 27, 1903, I was called to see Mrs. A. aged 71, who lived four miles from the city. For several days she had been suffering from bronchial catarrh which developed into bronchial pneumonia.

At the time I was called her temperature was  $102\frac{1}{2}^{\circ}$ , pulse 100, with a hurried respiration, a wheezy rasping cough and some expectoration considerably mixed with blood. Tongue coated white.

I thought her to be a very sick woman, thinking she would not live five days.

The next day she was taken with a severe pain in her left side of pleuratic nature. Pulse and temperature about the same.

With the use of the following remedies and application of poultices of anti-phlogistine and hot applications she continued to improve from that time:

R Veratrum 30 drops.

Bryonia 10 drops.

Lycopus 30 drops.

Water 4 oz.

Sig.: One dram every two hours.

R Tinct. lobelia 20 drops.

Tinct. pluerisy root 30 drops.

Eucalyptus 60 drops.

Water 4 oz.

Sig.: One dram every two hours, alternately.

She had composition tea for a drink, together with plenty of cold water.

I used lycopus as long as there was a bloody mixture in the expectoration, then substituted baptisia on account of dryness of tongue. I used Lloyd's Specifics.

## \*BRYONIA ALBA.

BY J. W. FYFE, M. D.

*Common name.*—Bryony.

*Natural order.*—Cucurbitaceae.

*Part used.*—The root.

*Description.*—*Bryonia alba* is a vine. It climbs by means of tendrils to several feet above hedges and under-shrubs. Its root is from two to four inches in diameter and about two feet in length. It has white flowers and black berries. *Bryonia alba* must not be confounded with black bryony.

*Dose.*—Fluid extract, 10 to 60 drops; specific medicine, 1-10 to 2 drops.

*Usual prescription:*

R Bryonia gtt. iii to x.

Water  $\bar{\text{z}}$ iv.

M. Sig. Dose one teaspoonful every hour.

*Indications.*—Difficult breathing, with painful, harassing cough, which is made by coughing; pneumonia when there is tensive, tearing or sharp, lancinating pain; hacking

cough; pleurisy when there is sharp and lancinating pain; diseases of serous membranes when there is tensive, tearing or cutting pain; rheumatism when the pain is of a tensive and cutting character, and aggravated by motion; inflammation of the mammary glands when there is costal pain and soreness; headache on right side, extending from the forehead to the occiput, when the pain is constant and severe, but without sharpness; rheumatism about the joints, characterized by stiffness, soreness and swelling; paralysis following rheumatism; profuse diarrhoea when the discharges are of a clay color; catarrhal conditions, with acrid, burning, watery discharges from the nose; frothy bronchial expectoration, streaked with blood; muscular pains about the chest.

Bryonia is one of our most valuable remedies. Many physicians fail to get good results from it for the reason that they use it in too large doses. In very small doses it is a remedial agent of great value, but in large doses it is worse than useless—it is decidedly harmful. In pleurisy or pneumonia, when effusion has taken place, bryonia, in small doses, will bring about absorption of the fluid in many cases which, without this remedy, would prove hopeless. Pleuritis, peritonitis, pneumonia, bronchitis, rheumatism, and all diseases of the serous membranes, are among the most prominent abnormal conditions which usually present indications for bryonia.

Bryonia is sedative, diuretic, anti-rheumatic, and nervine. In large doses it is a drastic cathartic and a depressant to the heart. In long continued medium doses it sometimes causes nose-bleed.

\*Except from Fyfe's *Materia Medica*.

Dr. Budberg recommends wrapping the umbilical cord in cotton soaked in alcohol. This acts as an antiseptic and causes drying of the cord.—*Summary*.

## THERAPEUTICS.

Edited by  
JOHN W. FYFE, M. D.

All articles for this department should be sent to Dr. J. W. FYFE, Saugatuck, Ct.

### OLD SCHOOL THERAPEUTICS.

If the statements made by some of their leading writers are founded upon facts, our friends of the older school must be poorly equipped indeed for the management of the various ills to which the human race has fallen heir. One of their prominent publications, which prefixes "International" to its title, after sadly stating that "therapeutics must be now in a very bad way," says:

"Medical science, in so far as regards the treatment of disease, is certainly in an unsatisfactory state. Our prescriptions, when not purely empirical, are too often of the shotgun variety, with many missiles fired at once in divergent directions in the hope that some of them may possibly hit the mark. These shortcomings are, perhaps, not strange, considering that we have not yet mastered the elementary branches of science which are fundamental to medicine and surgery. \* \* \* \* \* No wonder, then, our therapy is imperfect. \* \* \* Only a very few of the very best minds have of late been busied with therapeutics. This practical branch of medicine has been greatly neglected on account of the superior fascinations of pathology, bacteriology, etc., as well as, perhaps, because professional fame and advancement are nowadays more promptly and generously accorded to those who become unusually proficient in the latter subjects."

Yes, truly, you dear old "International," your therapeutics have been neglected—badly neglected; that is very evident. But don't for a moment think that "the treatment of



disease is in an unsatisfactory state." It is not. "The treatment of disease" is wonderfully successful and most satisfactory. It is your mind, dear Dr. "Intennational," that is "in an unsatisfactory state." Just get down from your "holier than thou" horse, and attend a course of lectures in an Eclectic college, or even make a thorough study of an Eclectic work on modern *materia medica*, and you will soon find that there is an immense amount of certainty and satisfaction "in the treatment of disease." Your first lesson might profitably consist of the specific indications for belladonna, bryonia, gelsemium and *rhus toxicodendron*. With the indications for these four remedies well in hand you will find but little use for your shotgun prescriptions, and become possessed of a yearning desire to delve deep into our many therapeutic certainties.

Again this "International" journal says: "Our weapon, then [the shotgun prescription], in such cases, is manifestly a blunderbuss, with which we cannot shoot otherwise than wildly. Under these circumstances we are fortunate when we succeed in hitting nothing except the disease aimed at, and aiding nature in some degree to restore the patient. In acute inflammatory processes nature alone and unaided would generally be able to cure, and doubtless frequently does the work for which our remedies get the credit."

Well, well! So your only means of treating the sick consists of "a blunderbuss with which you cannot shoot otherwise than wildly!" Truly, as you say, *your* therapeutics must be now in a very bad way." There can be no doubt about that. But what a confession to be made by a man who still continues to occupy the responsible position of a physician.

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Chloral hydrate is an excellent, safe sedative, and one grain of it may be given to a newborn baby with safety.—*Summary.*

## POISONING.

(Continued from page 136.)

### OPIMUM.

The principal properties of opium are due to the presence of morphia. One-half grain of morphia has caused death, and one grain has frequently done so. Two grains will kill almost any adult who is unaccustomed to the use of opiates. Persons accustomed to its use, however, are able to take very large quantities of the drug. One woman with whom the writer was at one time acquainted was in the habit of taking five grains several times a day.

*Diagnosis.*—The symptoms produced by opium are similar to those caused by morphia alone, but in some cases morphia has produced, in addition to great itching of the skin, convulsive twitching of the muscles of the face and limbs, and occasionally tetanus. In poisoning by opium or its preparations the symptoms are usually manifested in twenty or thirty minutes. They commence with giddiness, drowsiness and stupor, followed by insensibility. The patient appears as if in a sound sleep. He can be roused by loud noises, but he quickly relapses. As the poisoning progresses the breathing becomes slow and stertorous, the pulse weak and feeble, and the face livid. The eyes are kept closed, and the pupils usually (but not always) become contracted, frequently almost to the size of a pin's head, (or even smaller), and insensible to the stimulus of light. The skin is sometimes cold and livid, and sometimes it is bathed in sweat. The face may be ghastly or placid, the pupils may be *dilated*, and the pulse may be unaffected or so small and frequent as to be scarcely appreciable. Vomiting sometimes occurs, with apparent indications of recovery, to be followed by a relapse and a return of the comatose state, ending in death, preceded by convulsions. The possibility of rousing a patient will aid in distinguishing a case of opium poisoning from a case of apoplexy or epilepsy. The con-

tracted pupils are also suggestive of opium poisoning, but it should always be remembered that in lesions of the pons varolii the pupils are also contracted. In cases not resulting fatally there is usually severe nausea, weariness, constipation and headache for a few days.

*Treatment.*—The poison must be removed from the stomach as soon as possible by the stomach pump or quickly acting emetics, such as a tenth of a grain of apomorphia, a drachm of the sulphate of zinc, or a tablespoonful of mustard. Also give an abundance of strong coffee. The antidote is permanganate of potassium. The patient must not be allowed to sleep if it can possibly be prevented. Dash cold water over the head and chest, keep the patient walking about between two attendants in the open air, flick the face, hands or feet with a wet towel, vigorously shake the patient, and apply electro-magnetic shocks to the spine, and if necessary use artificial respiration the same as in drowning. The treatment should be continued as long as there is the least indication of life, for in the majority of cases recovery finally takes place. The first twelve hours is the most dangerous period.

#### PHOSPHORUS.

Phosphorus paste (a rat poison) and the ends of matches constitute the form of phosphorus which has usually been employed in phosphorus poisoning. The quantity of phosphorus required to cause death is in most cases upward of one grain, but it is reported that a child died from sucking two matches, and correspondingly small quantities have proved fatal in adults.

*Diagnosis.*—The symptoms of poisoning by phosphorus are varied. At first there may be the ordinary signs of an irritant poison. The vomited matters are luminous in the dark; sometimes bloody, or stained with the color of the paste or matches. The breath sometimes smells of garlic. There is great prostration, and there may be diar-

rhoea with bloody stools. These symptoms may all disappear, and on the third to the fifth day the symptoms of blood poisoning set in. In such cases there is a harsh, dry, yellow skin, with discharges of blood from the various passages, and extravasation below the skin; the liver becomes enlarged and the urine is either retained or suppressed, the little passed being albuminous or bile stained. Finally delirium, with convulsions, occurs, and the patient dies comatose. The diagnosis will largely depend on the garlic odor of the breath and the luminous appearance of the vomited matters. In many respects the symptoms resemble those of acute atrophy of the liver.

*Treatment.*—Magnesia or its carbonate should be given freely. There is no positive antidote. The stomach should be completely evacuated by rapidly acting emetics or the stomach pump, and the case otherwise treated in accordance with the specific indications for remedies.

(To be continued.)

#### DISEASES OF WOMEN.

A timely and interesting article on the above subject by Dr. W. N. Mundy, appeared in the May number of the *Cincinnati Eclectic Medical Journal*. The article is replete with advice and suggestions to which every young doctor (and many old ones) should give thoughtful consideration. The doctor says:

"Surgery is fascinating to the large majority of the profession, and we all know that an operating room will be crowded, whilst the room of the general clinic will be conspicuous by reason of its emptiness; especially is this true when the subject under consideration is diseases of children. Surgery has made wonderful advances, and the results have been brilliant, hence its attraction for the ambitious young physician. The treatment of diseases peculiar to women has resolved itself almost solely into the employment of surgical methods. Gynec-

cology of the present day is simply a branch of surgery. We often recall a conversation that took place in our hearing between a physician and a celebrated eastern gynecologist. The operator was dilating the os uteri for the relief of dysmenorrhea, and offered the suggestion that if this did not suffice the ovaries would be removed. A bystander inquired if remedies had been used; the reply was that remedial measures had been exhausted, the patient having had iron, morphia, etc. Morphine being the only remedy that afforded any relief. We verily believe many morphine fiends or habits have been made so by a too ready resort to this remedy at menstrual periods.

It has seemed to the writer that gynecology has simply become a department of general surgery; that the pendulum has swung to the extreme. True it certainly is that many diseases peculiar to the female are amenable only to surgical measures, but it is equally true that in the eager pursuit for surgical distinction medicinal means are entirely forgotten. If medicinal measures will help, improve, or cure affections of the liver, stomach, intestines, heart, kidney or bladder, why not the uterus? Acute and chronic inflammatory affections of the organs mentioned, as well as those more remote or inaccessible, are frequently relieved by internal remedies, why not similar diseases of the female generative organs? Modern works on "Diseases of Women," so far as treatment is concerned, are but a resume of surgical methods. It is true we have some works styled "Conservative Gynecology," yet in these the treatment usually consists of either electrical or mechanical methods.

The nervous and circulatory supply of the female generative organs, while rich, has the same central origin or source as have the organs mentioned above. The nervous supply arises from the third and fourth sacral nerves, and from the hypogastric and ovarian plexuses. The arterial supply is from branches of the internal iliac arteries.

The peculiar reflexes arising from functional and structural derangements of these organs are multitudinous and varied, yet we believe are frequently amenable to internal medication. We have never been able to understand why so many young women who have never been pregnant, nor suffered severely with serious diseases of the generative organs, should be compelled to undergo a curettage, ovariectomy, or even an hysterectomy. We have at the present time two young unmarried women under observation, both of whom have undergone a curettage for dysmenorrhea, and who both declare the treatment has rather made them worse than better. These are not by any means isolated cases. Our materia medica contains many remedies that will cure these functional diseases of women when properly selected or adapted to the case. Do not attempt to fit the case to the remedy, rather fit the remedy to the case in hand. We will briefly enumerate a few remedies that we have found of value, with their more salient indications.

*Alettris*.—Too frequent menstruation with labor-like pains and a sense of debility in the pelvis. The pains may at times assume a colicky nature.

*Black Haw*.—Threatened abortion, painful menstruation, when there is a sense of weight and bearing down in the pelvic region, with cramp-like pains.

*Caulophyllum*.—Useful in chronic uterine diseases, dysmenorrhea or amenorrhea. We have never used the blue cohosh to any considerable extent, though a number of our professional friends inform us they value it highly.

*Ergot*.—Uterine hemorrhage, or as an excitant of uterine contractions. While its use has to a large extent been confined to labor, we have found it to be of considerable value in other conditions where hemorrhage has complicated the prevailing condition.

*Gelsemium*.—In amenorrhea when arising from cold, when the usual indications for



the remedy present themselves, alone or in combination with pulsatilla, we know of no agent more certain and active.

*Helonias*.—Pain and aching in the back, with leucorrhea. Atonic conditions of the reproductive organs. Dragging sensations in the lower part of the abdomen.

*Macrotys*.—Muscular pains; soreness with dragging in the uterus; ovarian pains; irregular or scanty menstruation, when accompanied by muscular pains or a sense of soreness.

*Mitchella*.—In atonic conditions of the female reproductive organs; tardy menstruation; uneasy sensations in the pelvis with dragging; tenderness on pressure. This is also one of the ingredients of many of the proprietary preparations for the correction of female diseases, female regulators, etc., so much advertised in the secular press.

*Pulsatilla*.—Is so well known its virtues need hardly be reviewed. It is the remedy for nervous women, especially when associated with wrongs of the reproductive organs. There is feebleness and weakness with despondency and fear. Associated with gelsemium, as before stated, we find it one of the most certain emmenagogues when the suppression is the result of cold.

*Senecio*.—Is an old remedy now nearly forgotten, yet it has considerable virtue as a uterine tonic. It is employed in enlargements of the uterus, such as result from subinvolution or chronic inflammations. The symptoms are leucorrhea, weight and dragging in the pelvis, accompanied with some pain and soreness.

These are but a few of the remedies especially useful in diseases of the reproductive organs. There are many others that can be frequently used. In acute inflammatory troubles it is hardly necessary to call attention to the use of aconite and veratrum. We frequently find occasion to use eryngium, fucus ves., geranium, hydrangea, ignatia, piper meth., rhus tox., scutellaria, sticta, tiger lily, and viburnum. A restudy of the

action of these remedies and a careful application of them to the case in hand, may often obviate the necessity of a surgical operation in the future.

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In referring to the fact that triticum is frequently a remedy of great usefulness, Dr. W. E. Bloyer says:

"It is a sedative diuretic or, perhaps, the terms demulcent or emollient better explain its action. It is quieting and non-irritating, non-stimulating. It lessens dysuria, and tenemus and stranguary. It relieves irritation of the bladder and of the kidneys, and of the prostate, whether acute or chronic. There is no better remedy for some cases of hematuria, whether it be due to disease, or to falls or blows. It is a remedy for incontinence of urine when there is much burning and frequent desire to micturate. Triticum relieves the pain in the back when due to lithemia. When residual urine provokes irritation and invites or promotes the formation of liths or stone, triticum will relieve or overcome the tendency. Triticum should be given early in nephritis. It allays irritation and washes away its effects. This applies as well to its use in jaundice, rheumatism or in gout. And in the treatment of fever, no matter what its character, or name, or disposition, triticum has no equal as a remedy. Free and unobstructed flow of urine is frequently the sole relief from death. In our opinion few of the grave cases of acute disease, no matter whether diphtheritic, typhoid, or of any other septic nature, while the bowels may be inactive for weeks, a few hours refusal to act upon the part of the kidneys is perilous. Triticum produces much, but not all, of its beneficent effects by gently flushing the urinary tract by an increased amount of clear urine."

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Again we approach the season when the care of little children will demand our most earnest and thoughtful consideration. At

times, no doubt, our best efforts will be baffled, but if we enter the campaign with the specific indications for our well-studied remedies firmly fixed in our minds we can feel assured of being able to relieve much distress and of prolonging many lives. A careful review of the appropriate remedial agents at this time may not, therefore, prove profitless; and our study may well include the following: Aconite, baptisia, belladonna, bismuth subnitrate, echinacea, ferrum phos., gelsemium, hydrastis, hyoscyamus, ipecac, kali mur., kali phos., magnesia phos., muriatic acid, natrum mur., natrum phos., nux vomica, podophyllin, rhus tox, rhubarb, sodium sulphite and sulphurous acid.

In reviewing *Fyfe's Modern Materia Medica* the *Georgia Eclectic Medical Journal* says:

"The introduction is at once complete, compact and comprehensive. While nothing superfluous is presented, nothing important has been omitted.

"The action of medicines, strength, dose, prescription writing, dispensing, incompatibility, etc., are each and all carefully and wisely treated. Diseases and diagnosis form an interesting part, and the usual classification of remedies is given, perhaps more as a matter of form than as a guide to the different uses of drugs.

"The body of the work takes up remedies in alphabetical order, and from A to Izzard, there is naught but good to be found.

"'Apples of gold in pictures of silver' expresses the fitly spoken descriptions of the remedies, the tried and true, which have been the dependence of Eclectic physicians since the establishment of our particular school of medicine.

"We like the *tone* of this book, it is decidedly refreshing, and refreshingly decided, conservative, without being narrow, liberal without lapsing in promiscuous carelessness, and wholesale commendation.

"For the working practitioner, the busy

every-day doctor, the man of few spare moments and fewer idle ones, we think, the general verdict will be Eureka."

The first number of the *National Eclectic Medical Journal* has been received. It is well printed, ably edited and published by Dr. A. F. Stephens, 2300 University street, St. Louis, Mo. It contains much interesting and instructive matter, but it is to be regretted that a few of the articles show a lack of harmony among our St. Louis brethren. Better get together, brothers, and settle your little differences in private. It is awfully bad form to hang one's soiled underwear on the public clothes line.

#### BOSTON DISTRICT ECLECTIC MEDICAL SOCIETY.

Boston, May 19, 1903.

The regular meeting of the Boston District Eclectic Medical Society was held this evening at "The Thorndike."

The meeting was called to order by Vice-President A. Waldo Forbush, M. D., and the usual routine business was transacted.

Dr. C. Edwin Miles was called upon to report a case and spoke as follows:—

"I wish to speak about a case which has interested me very much—Mrs. W. E. B. aged 42 years, has had five children, the oldest son being about twenty years old. She is an American, being born in Roxbury, and is a good sensible woman. She is well married as far as her husband is concerned. He has been somewhat unfortunate in business and they have had ups and downs. I have known her since early girlhood. Some ten years ago she had a long spell of nervous irritability. Had been under care of a homeopathic physician for twenty years being treated for dyspepsia. She has always been a light eater, is fairly rotund, and is very careful concerning her diet. The small amount which she eats surprised me. She is very decided in her opinions, being somewhat inclined to fadism.

For a month before I saw her she had been very nervous—somewhat hysterical. She has been inclined this way all her life.

On the 25th of December last, I was called and found her coughing violently, at times there would be laryngeal spasm. There was no temperature and the pulse was normal. The cough at times was so violent that she would hold her breath until she became cyanotic. I was with her for hours several times during the next few days. I do not know when I have been more at a loss to make a diagnosis. She was so bad on the third night that I went myself for Dr. Bolles. He came and we talked the case over. We both concluded that it was a pure case of hysteria, even though the clink of the glottis was caught during violent spells. No matter how bad the attacks might be, it was of an hysterical origin. It did not take very much to throw her off her base if things did not go right. She lived in a three-flat house. The owner told her that he must raise the rent, owing to the high price of coal and they must move. No doubt but this was the starting point. For treatment I gave her anti-spasmodics, bromides, gelsemium, passiflora. She inhaled chloroform and was given chloral. Frequently I gave 20 grs. of chloral at a dose. When she was in such a condition that she would have an attack every 40 minutes she got the large dose. She went on in this condition and from having an attack once in two hours she increased to where she would have twenty-five in a day. She would also go into a cateliptic condition, and become so rigid that an attempt to move her arm, if persisted in, would cause a fracture of the part. This condition lasted for more than a fortnight. Could move nothing but the patella tendon; after a while even that power was lost. She grew worse until she assumed the occiput—foot—condition. She did not froth at the mouth; looked like hysterio-epilepsy.

I talked with several physicians about

the case. At last I had Dr. Courtney come out and see her with me. He was fortunate in seeing her have one of her attacks. It was not caused in any way by our presence. He gave me a lighted match to hold to her eye and stated if the pupil contracts *you have not* epileptic condition. Before he came I had been using principally bromide of strontium. He concurred in its use. He also stated that it was pure hysteria. He had seen nothing like it in this country, although he had witnessed several such cases in Paris. He advised me to remove her to some place where she could be kept quiet.

At last I found a place where she could be isolated. She commenced suddenly to get better. She is eating very little, but as much as ever in her past life. She is gradually coming out from under the influence of the hysteric condition. She only has one attack now once in two or three days. I gave her, by way of a tonic, tinct. ignatia gtts. viij three times a day. If anything was curative it was the bromide of strontium. I give ignatia largely with avena sativa. The ignatia contains more strychnine than the nux, which is my principal reason for its use. The ignatia and the avena make a good combination for nervous women at the time of the menopause. I write for ignatio 5lj—iij, avena sativa 5ij, s. gtts. xv., three or four times a day. Dr. Forbush, in commenting upon the case, thought that it primarily was one of nerve starvation.

Dr. Miles inquired what the doctor would give in a nerve starvation. Dr. Forbush said he would give avena and cod liver oil. The oil was given for the iodine which it contained, and he spoke of Dr. Shattuch's method of administering cod liver oil, fitting his dose to the condition of his patient.

Dr. Forbush read a very interesting paper upon *Dioscorea*\*.

\* This will be printed in the next number of *The Review*.



## CONNECTICUT ECLECTIC MEDICAL ASSOCIATION.

The forty-eighth annual meeting of the Connecticut Eclectic Medical Association was held in Room 25, Allyn House, Hartford. Dr. Thomas Mulligan, of New Britain, the president of the society, occupied the chair. He made an address in which he declared that though medicine was supposed by many to be a science it really was not, owing to the opportunities for error in the preparation of the drug from the plant, the incorrect history of the case which the patient may give and the making of an incorrect diagnosis of the disease and the prescribing of a wrong remedy by the physician. Dr. Mulligan said that some who taught and practiced medicine claimed that the totality of the symptoms was the sum of the morbid phenomena presented by the patient as he appeared before the physician, while this totality should include facts pertaining to heredity and the patient's mode of life—every fact, past and present, tending to throw light upon the cause, character or location of the patient's morbid condition. The physician should understand what is curable in disease and what is curative in drugs. The speaker claimed that the eclectics had to contend with a number of things, among them the present irrational age of fanaticism in medicine, which traced disease to a "sprite of unknown source or origin," to a germ or microbe.

The doctor paid his respects to the existing board of health, with special reference to the smallpox cases in New Britain last year. He said: "A board of health should be what the term implies, a body appointed to attend to sanitary affairs. Acting in this capacity it would be a most admirable institution, but to dabble in politics, working on the fears, superstitions and prejudices of the people to get laws passed making them a board of censors, dictators in our public schools,

with power to curtail the rights and liberties of the people, then is the time they should be legislated out of existence."

The closing part of President Mulligan's address was devoted to the smallpox question. He said that this disease made its appearance in epidemic form only once in twenty years and that it passed off as naturally as it came, instead of being stamped out by vaccination. "Vaccine virus, anti-toxin or any other poison introduced into the circulatory system can only prepare the victim for other diseases or an early grave," said Dr. Mulligan, who takes a more cheerful view of the coming of this pestilence than most people can, as shown by these words from his address: "Smallpox is in reality something to be wished for, instead of feared, for the reason that when it does prevail, even in epidemic form, we have less deaths from it than any other disease and years when it rages fiercest we have less deaths from all causes than years when we have no smallpox."

Officers elected were as follows:

President—Dr. Leonard Bailey, Middletown; vice-president, Dr. C. Art Ward, Waterbury; secretary, Dr. Geo. A. Faber, Waterbury; treasurer, Dr. LeRoy A. Smith, Higganum; censors, Dr. Thomas S. Hodge, Torrington; Dr. George B. Bristol, Middlebury; Dr. E. M. Ripley, Unionville; Dr. LeRoy A. Smith, Higganum; Dr. W. F. Hinckley, Waterbury.

The secretary and treasurer were re-elected and Dr. Hinckley is the only new censor. The old legislative committee which was continued in office, is as follows: Dr. Thomas S. Hodge of Torrington, Dr. Leonard Bailey of this city, Dr. S. B. Munn of Waterbury, Dr. Royal E. S. Hayes of Hazardville, Dr. LeRoy A. Smith of Higganum, Dr. E. M. Ripley of Unionville, Dr. Thomas Mulligan of New Britain.

## PENNSYLVANIA ECLECTIC MEDICAL ASSOCIATION.

On June 2, 1903, at 2 P. M. the Eclectic Medical Association of Pennsylvania opened the first session of its Thirteenth Annual Meeting at Allentown. President Frank Grosse, M. D., in the chair; about seventy-five members present.

Many most interesting papers were read and discussed with great interest. Some of the papers exciting greatest interest were those read by W. O. Keffer, M. D., E. J. Dech, M. D., C. L. Johnstonebaugh, M. D. and Wm. Blake, M. D., of Philadelphia.

Another attractive and very instructive feature of this meeting was given by the nearby physicians who had patients present showing most marvelous results in conservative surgery as also other cases giving unusual histories.

After the evening session all adjourned to the Allen House where a most sumptuous banquet was served. Dr. S. H. Dech who was toast master did himself and his association great credit.

Among those who responded to the various toasts were L. E. Russell, M. D., of Cincinnati, O., B. T. Strumk, M. D., of Pennsylvania, L. P. O'Neal, M. D., of Pennsylvania, Frank Grosse, M. D., of Pennsylvania, also Dr. C. L. Johnstonebaugh, who responded to the toast "The Ladies." Every one reported a fine time, all thanks to the Banquet Committee.

At the morning session of June 3, the "Election of Officers" resulted as follows: President, Dr. P. Kimmell Rauch, Johnstown, Pa.; first vice-president, Dr. E. F. Bittner, Somerset, Pa.; second vice-president, Dr. Nannie Sloan, Latrobe, Pa.; corresponding secretary, Dr. N. O. Keffer, Frugality, Pa.; recording secretary, Dr. R. E. Holmes, Harrisburg, Pa.; treasurer, R. E. Warner.

Recommended as officers on State Board of Examination were Wm. Blake, M. D.,

W. O. Keffer, M. D., L. F. Crawford, M. D., A. B. Woodward, M. D.

In attendance, besides the regular members of the Pennsylvania State Association, were Dr. W. E. Bloyer, of Cincinnati, O., Dr. L. E. Russell, of Cincinnati, O., Dr. John Robertson, of Chicago, Ill., Dr. M. G. McGinnis, of New York. These visitors were received and voted honorary members, and every courtesy extended to them.

The afternoon and closing session was entirely given to the reading and discussion of papers, all of which were most scholarly, as well as giving new thought to all those who were so fortunate as to be present. The work done during the sessions of the entire meeting denotes constant attention and progressive achievement for the cause of Eclecticism.

M. G. McG.

## ECLECTIC MEDICAL SOCIETY OF THE CITY AND COUNTY OF NEW YORK.

The regular monthly meeting of the Eclectic Medical Society of the City and County of New York was held at the College Parlors on May 21st, Pres. Herzog in the chair.

Thirty-four members responded to the roll-call. Visitors: Dr. J. H. Billman, of Sullivan, Ind. Essayists for the evening: Dr. W. J. Krausi, Bubo, its treatment; Dr. C. Lloyd, Pelvic Hematocele.

The discussion brought out many practical points.

Dr. W. E. Tripp was elected a member.

The Society adjourned to meet October 15th, 1903.

W. L. HEENE,  
Secretary.

For night attacks of heat and sweating, of frequent occurrence during the menopause, Dr. Gottschalk advises the use of hot saline baths every evening before bed-time.—*Summary.*

## QUERY DEPARTMENT.

Conducted by  
PITTS EDWIN HOWES, M. D.  
Boston, Mass.

All communications for this department should be addressed to PITTS EDWIN HOWES, M. D., 703 Washington Street, Dorchester District, Boston, Mass., and must be received by the 28th of the month in order to be answered in the next number of the REVIEW.

C. E. H.—Will you kindly differentiate between the use of bryonia and lobelia?

Bryonia is the remedy, generally speaking, for those diseases which attack the serous membranes and are attended with sharp lancinating pains, such as are frequently met in pleurisy, pneumonia, etc. Lobelia will find its greatest field of usefulness where there is much difficulty in getting rid of those abnormal secretions which are of a tenacious character. Acute Bronchitis, when the tubes are filled with a glairy, sticky mucus which can only be removed with much difficulty, affords a grand opportunity to test the curative properties of this drug. Never forget lobelia when there is oppressed breathing from any cause. In using this remedy be sure and prescribe the preparation that is made from the seed.

C. P. D.—What place should the diet assume in the treatment of any wrong of the human system?

The human body is a field for the constant change of a variety of foods into force. This force is that power by means of which the constant motion, both voluntary and involuntary—of the body is maintained. This much being granted, it will be readily understood that one of the most important factors, in successful treatment of impaired conditions, is that which relates to the proper feeding of our patients.

We should recognize, first of all, the necessity of getting and keeping the stomach in such a condition that it can receive, and properly prepare, the food that is needed

to keep the vital powers in a condition to aid nature in throwing off all deleterious materials. Many times correct feeding is the difference between life and death. Unless we supply the loss with that which can be assimilated we are not benefiting our patients by the administration of drugs. I do not hesitate to state that *diet* should take the *first* place in all rational methods or treating disease.

L. A. R.—Can you give me the formula for a liniment that will be useful for external treatment to allay pain, reduce swelling, and promote a restoration to normal conditions?

I know of nothing better to meet the general conditions expressed above than the following prescription:

R Tinct. Arnica.  
Spts. Camphor a. a. ʒiij.  
Tinct. Aconite ʒiij.  
Chloroform (Squill's) ʒv.  
Glycerine ʒj.

M.

Sig.: Use externally as often as necessary on a thick piece of flannel.

My experience with the above in the past twenty years leads me to recommend it very highly.

Case 5,051.—August 15, 1895. called to see a lady 35 years of age; had taught in the public schools the past twelve years; keenly intellectual, a very successful but a little eccentric teacher. Inclined to be much alone.

Last June did an extra amount of writing, doubtless taxed herself beyond her strength.

After school closed was more peculiar than usual, going out alone and taking long strolls late at night.

When I was called found she complained principally of being exhausted, with pain in both the head and eyes, not much headache.

The next day pulse 85, pain in the head more severe, had not rested well the night



before; extremely sensitive to noise; temperature  $100^{\circ}$ ; I began to be fearful of inflammation of the brain.

Next morning restless, pain in the frontal region, also in the occipital extending down into the cervical.

Fourth morning, symptoms all exaggerated, I began to be anxious. Fearful of meningitis and suggested consultation. Dr. F. N. Page was called. Pulse 85, temperature  $101^{\circ}$ , little diarrhoea, no tympanitis, more nervous. Dr. Page thought I was unduly alarmed. Said there might be a tendency to typhoid.

Two days later Dr. Page saw the case again and confirmed my diagnosis.

Eighth day, marked delirium, mind upon her school, sleeping some, takes nourishment freely, kidney secretion good, pulse 100, temperature  $102^{\circ}$ . A marked symptom at this time was the rapid loss of the tissues. These symptoms all increased during the fifteen days that she lived.

During the last two days pain in the head became general, also in the extremities. Last day of her life pulse 110, temperature  $104^{\circ}$ , became comatose, pupils dilated, urine passed with great freedom but unconsciously. There was great waste of tissue as in tubercular meningitis of children.

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## SELECTIONS.

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### THE NEW METHOD OF TREATING TYPHOID FEVER.

Benzoyl-Acetyl Peroxide, or Acetozone as an Intestinal Antiseptic, in Typhoid Fever.

Frederick G. Harris, of Chicago (*Therapeutic Gazette*, March, 1903,) reports 128 cases of typhoid treated in Cook County Hospital, Chicago, with acetozone. The cases first admitted seemed to indicate that the epidemic was of a mild form, but later the disease proved to be of a severe type and complications were numerous. The author obtained the most satisfactory results with aqueous solution of 15 grains to the quart

which the patients were urged to use very freely to quench the thirst, while in addition four to six fluid ounces of the solution were given every four hours as a therapeutic measure. The movements of the bowels were regulated with sodium phosphate or magnesium sulphate.

The temperatures of the patients, on admission, were high, as a rule. In 117 cases under acetozone treatment the average duration of the fever was 18 days.

The number of recoveries was 117, or 91.4 per cent., while 11 patients died, a mortality of 8.59 per cent.; statistics of the cases of typhoid fever in the same hospital (Cook County), not treated with acetozone show a death rate of 13.1 per cent. The author is of the opinion that under the acetozone treatment, in favorable cases, the duration of the disease was materially shortened, and the most disagreeable symptoms were ameliorated. He declares that the characteristic fetor of the stools and the peculiar odor of the wards was greatly diminished; there was less stupor and delirium and less tympanites, and, the usual diarrhoea was checked. An average of 138.12 grains of acetozone was used in each case. Finally he reaches the conclusion that when cases can be seen during the first week of the attack and large amounts of acetozone given, assisted by a gentle laxative, the temperature will return to the normal in from ten to twelve days.

Four cases of typhoid fever, in which acetozone was employed with satisfactory results, were reported by Charles Emil Brack, of Baltimore, (*Medical Age*, January 25). In each case the treatment consisted in the use of acetozone in solution. The first three patients, adults, received 30 grains of the drug per diem; the fourth, a child of 4 years, received 8 grains each 24 hours. Prompt recovery occurred in each case.

James Billingslea, of Baltimore, (*Atlanta Journal-Record of Medicine*, February, 1903,) reported 25 cases of typhoid fever

treated with acetozone. The diagnoses were confirmed by board of health examinations. The treatment consisted in cleaning the bowels thoroughly by means of calomel. Liquid diet was prescribed and cold or sponge baths were used as occasion required. The special treatment consisted in shaking 15 or 20 grains of acetozone powder with one quart of water, allowing the insoluble residue to subside. The patient was given the clear solution to drink freely, the whole amount of one quart being taken during twenty-four hours. The writer suggests that one part of the acetozone solution may be mixed with three parts of milk if thought desirable. The action of acetozone will be materially aided by the use of a mild saline laxative.

He found that the feces soon lost their disagreeable odor by this treatment, and cold baths were required to a much less extent than with other treatment. Furthermore, the nurses universally affirmed that they found patients under this treatment easier to care for. No evil effects were noted from the use of acetozone.

A further contribution to this subject appears from the pen of J. J. Driscoll, of Chicago, (*The Kansas City Medical Index-Lancet*, January, 1903,) who relates his experience in six cases. He found that acetozone reduces the temperature, shortens the duration of the disease materially, while it does not seem to have any ill effects on the heart. The feces are completely deodorized in 36 to 48 hours and tympanites rapidly disappears.

#### NEURASTHENIA CORDIS.—WEAK HEART.—IRRITABLE HEART.

BY EGBERT GUERNSEY RANKIN, A. M., M. D.,  
NEW YORK CITY.

There are a number of affections of the heart which are difficult to define, and which, while apparently functional and independent of organic changes, are not

always clearly separable from them. They have been described as weak heart, cardiac neurasthenia, cardiac asthenia irritable heart and "soldier's heart." These conditions are intimately related, all being the results of defective innervation, their differences for the most part being those of type and degree. They have for this reason been grouped by some writers under the general head of neurasthenia cordis, but, inasmuch as they present certain individual characteristics, their separate consideration would seem admissible. From their nomenclature the absence of any organic change in the structure of the organ is implied. This, however, is not literally true, since modern pathology has demonstrated that in functional disturbances the nerve cells undergo a certain amount of granulation, contraction of the protoplasm and vacuolation of the nuclei. These effects have been observed after nervous irritation and fatigue. They are characterized by their transitory nature.

#### NEURASTHENIA CORDIS.

This is a state of general debility of the heart muscle, arising from defective innervation of the organ and associated with a similar general defective innervation of the nervous system.

Its origin may be traced to many causes, including reflex irritation, physical exhaustion from strain, fatigue and exercise, onanism, continence, coitus reservatus, psychical influences such as shock, failure in business or in some undertaking, chagrin, love disappointment, general neurasthenia, the effect of long fever, especially typhoid, uric acid, gout and suppressed gout. The abuse of coffee, tobacco and alcohol is frequently an important contributing cause. The patients are usually young and of nervous temperament, but generally of good constitution, and belong, as a rule, to the upper walks of life.



The symptoms of cardiac neurasthenia vary according to the stage of the affection. The early period is characterized by excitement and irritation. This is followed by a more or less gradual change to an atonic condition.

The onset of the stage of excitation may be gradual or sudden; usually it is the former. There is great increase in the rate of the pulse, which may mount as high as 200 per minute, being in fact a true tachycardia. In rare instances there is bradycardia. Palpitation is not usual; the patient may rather complain that the heart is acting feebly. There may be intermittence and irregularity of the pulse. There is sensitiveness in the praeordial region and intercostal spaces, or there may be praeordial distress, anomalous sensations, anxiety, labored respirations and sometimes severe pains simulating angina. The countenance is pale or flushed, changing from one condition to the other. It may be red in spots or lines. There is numbness of different parts of the body, especially of the fingers and toes. The extremities may be alternately cold or hot. The arteries near the surface are distended and tortuous. Nervous symptoms are pronounced, sleep is disturbed, and the patient awakens with great anxiety. There is excessive sensitiveness to any noise or sudden surprise or movement. Change of position or even disturbing thoughts will greatly excite the pulse. The heart shows a strong and rapid action, but no indications of organic change.

Sooner or later the symptoms become less active, and the period of decline to the atonic condition follows. The patient is now more irritable or is very apathetic or indifferent. The pulse becomes dicrotic, showing lowering of tension of the arterial system. The heart action is further characterized by increased weakness and irritability. In a certain pro-

portion of cases with a varying degree of prominence, symptoms of general neurasthenia will be present, viz., indifference to surroundings, lack of interest in events of life, disinclination to effort, agoraphobia, nosophobia, monophobia, constant introspection, intense irritability, suppressed excitement, neurasthenic pains, etc.

The neurasthenic heart may simulate weakness from organic disease, but the absence of the physical signs of organic changes, together with the presence of symptoms above mentioned, will usually remove all source of error. Organic heart disease, however, may coexist with neurasthenia.

The prognosis is generally favorable. The condition is, however, often prolonged and obstinate, but in time the heart and general health regain their lost tone, and the patient is entirely restored. In some cases, on the other hand, especially those in which the course of the affection has been very protracted, the outlook is not by any means so hopeful as far as complete recovery is concerned.

The management of cases of cordis neurasthenia is on the same lines as that of general neurasthenia, and is, therefore, mostly hygienic and dietetic. Change of scene and climate, and diversion or a sea voyage will suit some cases. For others the rest cure and isolation are better.

The diet should be highly nutritive and easily digested. The appetite should be stimulated by tonics, such as arsenic, cinchona, and nux vomica. When there is an excess of uric acid, alkalies or some suitable mineral water, especially that of Lincoln Spring, Saratoga, will be of advantage.

For insomnia, a warm bath, followed by a glass of hot milk at bedtime, should be tried in preference to the use of hypnotics, which, if possible, should be



avoided. Among the useful remedies are the hypophosphite of lime and soda, the glycerophosphate of lime, kali phosphate in trituration, arsenicum album, ignatia, phosphoric acid, strychnia subcutaneously, beginning with small doses and increasing, hydrotherapy with friction and massage, the Nauheim bath and graduated exercise by Schott.

#### WEAK HEART.

This term has come into general use and is employed in two senses, viz., a relaxed, constantly failing organ and a transitory weakness. The first originates from a variety of causes, including congenital weakness, inadequacy, influences which, when more active and severe, result in degeneration and atrophy, pyrexia, abuse of alcoholic stimulants, excessive fatigue and any condition which may lead to defective nutrition. Post-mortem examination of the heart in this form of cardiac weakness in many instances discloses a condition of simple relaxation of the myocardial muscular tissues, which are soft and friable. The microscope fails to reveal any change. In others there are changes in the form of atrophy of the fibrillae and augmentation of the longitudinal striae, with separation of the muscular fibres. Sometimes there are degenerative and atrophic changes. Granular atrophy is also present with decrease of striation and without diminution of the muscular substance. Pigmentary atrophy of a brownish color is also observed with pigmentary deposit around the nucleus of the muscle cell. It should be remembered, however, that a certain amount of pigment is present in every heart after death. These deposits are observed in that part of the organ which is subjected to the most strain.

The symptoms are shortness of breath, palpitation, with some faintness and vertigo. The pulse is small and empty,

sometimes very slow, and sometimes very rapid; the rhythm is likewise fluctuating, being at times regular, at others, irregular. The impulse and heart sounds are weak, and almost, if not entirely, imperceptible. The first sound appears to undergo the greatest amount of diminution in force, and in some instances it may not be possible to distinguish it. A soft, blowing murmur may be audible in the mitral and tricuspid regions. In severe cases there is subcutaneous oedema and symptoms of venous stasis.

This group of symptoms may be more or less, but not entirely, obscured by those of the morbid condition which give rise to it.

Another type of this condition arises from nervous strain, from worry or overwork. It may appear in either sex at any time of life. The patient appears entirely prostrated, lies in bed, and falls back in a fainting condition at every attempt to sit or stand up. There is more or less insomnia, but physical symptoms are absent. The heart action is feeble, and the pulse is small and increased in frequency, with disturbance of the rhythm. Cases of this kind are slow in recovery.

The future of this form of heart weakness is generally variable, and treatment should be on the general principles of removal of the cause, and of increase of nutrition.

The second variety of heart weakness, that which has been defined as transitory, is generally observed in neurotic persons, specially females. The patient complains of a sensation which is described as a "stopping of the heart." For a moment he feels as if the organ had ceased to beat. The countenance becomes pallid, and the hands are usually pressed against the praecordial region to relieve the throbbing, not the pain. There is marked nervousness and apprehension.

The pulse is somewhat weak, and ranges from 100 to 110. There is no danger in the condition. Stimulants will usually relieve it, but alcoholics should be avoided if possible, for fear of forming the habit, as the attacks are recurrent. Treatment should include massage, electricity, salt water baths, strychnia and general tonics.

#### IRRITABLE HEART.

This condition is observed in both the young and those of advanced years, but is more frequent in the former. It was first described by DaCosta, being distinguished by him from cardiac weakness, asthenia, weakness of organic disease, and that of lithaemia, gout, and tobacco poisoning. It arises from the effects of strain, both physical and psychical.

The symptoms are described as a sensation of throbbing and palpitation. It is said the organ appears suddenly to jump. The sensation comes on with or without apparent exciting causes and is annoying even during sleep. Although regarded as a separate entity it really appears as a form of palpitation of neurotic origin. There is usually the history of excess in exercise or some nervous disease. The pulse may be dicrotic and arteries lax in contrast to the exalted action of the heart. Examination discloses some resemblance to hypertrophy. The first sound is indistinct, the second at the apex somewhat exaggerated. The rhythm may be uneven.

British writers describe a form of cardiac neurosis which they designate "soldier's heart." This condition occurs in new recruits, especially those whose previous lives have been sedentary, and is a form of muscular strain. Allbutt described the symptoms as follows: The patients state that while remaining free from any physical exertion they experience no discomfort and feel quite well, but immediately on commencing to march they suffer with

throbbing of the heart and shortness of breath, sometimes accompanied by vertigo and faintness. There may also be pain, nervousness, or insomnia. Pulse may be either regular or irregular, ranging in frequency of from 100 to 120 with low arterial pressure. These symptoms disappear on resting, but reappear on resuming the march.

Physical examination fails to disclose the presence of organic lesion, although, according to Allbutt, there is sometimes increase in the area of dullness with diffusion of the impulse. In his cases it is stated that there was reduplication of the second sound at the base, in five the pulmonic sound was accentuated, and in six the first sound was short in duration.

The causes of this condition are given as excessive labor and short rations, with excesses in alcohol and tobacco. The prognosis is said to be unfavorable, and the condition is liable to result in permanent dilatation. —*The Medical Times.*

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#### IMPORTANT INCOMPATIBLES.

Acacia (gum) with alcohol, ether, iron, lead water, mineral acids, borax and ethereal tinctures.\*

Acids (in general) with alkalies and weak salts of other acids, as the bromides, chlorides and iodides.

Arsenic with tannic acid, salts and oxide of iron, lime and magnesia.

Bitter infusions and tinctures with salts of iron and lead.

Bromides with acids, acid salts or alkalies.

Bismuth subnitrate with subchloride of mercury, sulphur and tannin.

Calomel with alkalies, mineral acids, lime water, metallic acids and potassium iodide.

Carbonates with acids and acid salts.

Camphor with water.

Chlorides with silver salts, lead salts and hydrogen peroxide.

Chloroform (except in very small proportion) with water.

Corrosive sublimate with alkalies, lime water, salts of iron and lead, iodide of potassium, albumen, gelatine and vegetable astringents. It is, however, sometimes combined with the chloride of iron, arsenious acid or potassium iodide.

Chloral hydrate with alkalies, ammonium and mercury compounds, potassium bromides and alcohol.

Digitalis with iron and preparations containing tannic acid.

Hydrogen peroxide with vegetable tinctures, alkaline citrates and tartrates, ferric salts, hydrocyanic acid, sulphates, chlorides and nitrates.

Iron (salts) with anything containing tannic acid, tincture of the chloride of iron with alkalies, carbonates, mucilages and preparations containing tannic acid.

Iodine with ammonia,\* alkalies, carbonates,\* chloral, metallic salts and starch.\*

Lead acetate with acacia, hydrochloric acid, sulphuric acid and sulphates, ammonium chloride, carbonates, lime water, iodine, potassium iodide, tannin.

Mucilage with acids, iron salts and alcohol.

Oxidizing agents, as chromic acid, potassium nitrate, chlorate and permanganate, nitric and nitro-hydrochloric acids, should not be prescribed with oxidizable substances, as glycerine, sugar and other alcohols, oils, ethers, turpentine, sulphur and sulphides, phosphorus or dry organic substances.

Potassium iodide with all strong acids and acid salts, alkaloids, iron, lead and mercury salts, potassium chlorate, chlorine water and silver nitrate.

Potassium permanganate with ammonium salts, alcohol, ethereal oils, organic substances and glycerine.

Salicylic acid with iron compounds, potassium iodide and lime water.\*

Sodium bicarbonate with acids, acid salts, tannic acid, alkaloids and metallic salts.

Sodium bromide with acids (mineral), chlorine water and mercury compounds.

Silver nitrate with acids, except nitric, alkalies, carbonates, iodides, bromides and sulphur.

Spirits of nitrous ether with sulphate of iron, tincture of guaiacum and most carbonates.

Tinctures of gums or resins with water.

Vegetable preparations containing tannic acid with salts of iron or lead.

Liquid extract of Pichi, a valuable sedative in affections of the bladder and urinary organs in general, will not mix with water, but the addition of *Liquor Potassae* renders it compatible, and, in most cases calling for its administration, adds to its efficacy. — *The New Idea*.

\*Those marked with the asterisk are sometimes prescribed in small quantities. (Compiled by C. C. Sherrard, Ph. C., from various sources)

## TREATMENT OF CONTUSED AND LACERATED WOUNDS.

S. D. Powell, in a clinical lecture published in the *Post-Graduate*, gives the following advice concerning the treatment of the crushed, lacerating and mutilating wounds caused by machinery:

Do not make the mistake of cutting off anything. If the end of a finger is hanging on by nothing but a very thin tissue, lay it on and leave it alone. Do not put in any stitches. It is bad surgery. You may carry an infection up the hand, and instead of getting a closed wound, you may get an infection that may cost the patient his finger, hand or life. Put the limb in a position where it will be quiet, cover it up with gauze and cotton, use a splint if necessary to hold the limb in position, and then keep it wet with a two per cent. solution of carbolic acid. Do not put on a tight bandage. Then the time will come when the tissue that you thought was gone will be good tissue.



## COMMON-SENSE RULES IN THERAPEUTICS.

In the *Boston Medical and Surgical Journal* of May 8, 1902, Dr. B. W. Loomis, of Syracuse, N. Y., discusses the influence exercised upon therapeutics by the introduction of new remedies prepared by the synthetic chemists and the combination of older remedies placed upon the market by manufacturing druggists. He emphasizes the very important fact that there is danger of the physician following the advice of the purveyor of these drugs rather than his own therapeutic skill, and instances cases in which careless physicians have come to administer remedies solely on the strength of advertisements advocating their employment without giving them careful examination and the question of the treatment due consideration. He says:

1. Keeping in mind the tendency of self-limitation of pathological processes and the possibility of cure as a result of natural forces, never prescribe a remedy that will interfere with, or upset the conservative efforts of, the organism.

2. Keep the problem of treatment as simple as possible by the exhibition of few remedies, well selected.

3. Bear in mind the possibility of aggravating existing pathological conditions and introducing new ones, by injudicious or too heroic methods of treatment.

4. Remember that the benefit to be expected from remedies is generally offset or neutralized when a large number of remedies are exhibited at the same time.

5. Try to remove the cause—this presupposes a careful study of the case, rather than a hasty prescription for this, that, or the other symptom.

6. Do not forget that most medicines are two-edged swords—if a medicine does no good it is likely to do harm.

7. Prescribe for conditions, not diseases.

8. When necessary, hit hard, but not too often.

9. Watch constantly for symptoms that may be the result of remedies prescribed for the relief of other symptoms.—*Therapeutic Gazette*.

## THE IMPORTANCE OF TEACHING THE ART AS WELL AS THE SCIENCE OF MEDICINE.

At a recent meeting of the New York Academy of Medicine special consideration was given to the necessity of radical reform in the teaching of medicine to senior students. The fact was emphasized that the scientific laboratory work of the first two years must be supplemented for at least an equal period by opportunities for acquiring the art of diagnosis and treatment through actual observation at the bedside and in the dispensary. The training of "the eye to see, the ear to hear, and the finger to feel," means to medical students training in the physician's art, in which skill is attainable only by oft-repeated and long-continued practice. Detailed knowledge of the human mechanism may be acquired in the laboratory and dissecting-room, but control of the mechanism in action can only be attained by continued dealing with the living organism. It is said that graduates of the foremost technologic institutes of the world flock to the shops of the General Electric Company at Schenectady to gain the practical skill and facility in applying scientific knowledge which can be secured by actually doing the tasks of regular workmen in the various departments. Here we have an adaptation of the old apprenticeship system as a post-graduate course in electric technology. So the modern medical school may with advantage combine the science and theory of the lecture-room and laboratory, with such practical opportunities for acquiring skill of eye and ear and hand which the old-time stu-

dent secured by accompanying his preceptor on his daily round of visits or by assisting him in his office practice. How to utilize hospitals and allied institutions to the best advantage, in combination with the training of physicians, is one of the most difficult problems of medical education. Let us hope that hospital advantages which have heretofore largely gone by favor may soon become the privilege of every student.—*American Medicine*.

### COLCHICUM IN DIABETES MELLITUS.

BY J. R. CLEMENS, M. D., OF ST. LOUIS, MO.

Empiricism may be defined as the exhibition of drugs in diseased conditions in which the indications are urgent but the causes unknown, and the extension of this definition presupposes two axioms: (1) The full knowledge of the drug given; (2) some indication for its use. Shielding myself behind these two axioms I venture to bring to notice the use of colchicum in diabetes mellitus and my grounds for doing so are as follows:

The most commonly accepted cause (theoretic though it be) of diabetes mellitus is an overactivity of the liver in a pathologic direction and comparable to the paradoxical paralytic activity of the heat center in hyperpyrexia. To control this, codeia has been exhibited and some success has followed its use. It has been chosen on account of having less tendency to cause constipation than opium or morphia or their other derivatives.

In acute gout the cause is hepatic overactivity with a resulting overproduction of uric acid in the liver.\* Therefore the two diseases, gout and diabetes, are the same in kind but differ in degree, inasmuch as the overactivity of the liver in one case produces sugar in excess and in the other uric acid in excess. If we could find a drug that would in a measure control this overactivity of the liver there would be an indication for its use in both diabetes and gout. Such a drug, in

my opinion, is colchicum. It is incontestable that colchicum in gout does diminish the output of uric acid in the urine—and more, it diminishes the formation of uric acid in the liver; otherwise if in an acute attack of gout treated by colchicum the diminished excretion of uric acid in the urine did not correspond with a simultaneous diminished production of uric acid in the liver the articular condition of the joint in gout would become worse. Hence colchicum does control liver activity, at least so far as the production of uric acid is concerned, and such being the case, why not sugar production? I am aware that the liver is rather the storehouse than the chief source of production of sugar, but for all practical purposes in therapeutics if its morbid overactivity results in flooding the circulatory system with sugar it may be looked upon as the origin of sugar production, and any measure that lessens its activity, *pari passu*, lessens sugar production. Codeia lessens liver activity and hence its use in diabetes. Colchicum lessens liver activity and hence it should be used in diabetes. Another advantage that colchicum has, paradoxical though it seems, is that it is a powerful cholagogue.

In a case of Arthur P. Luff's (subacute gout) the following is of interest:

Daily elimination of uric acid	
at beginning of attack ...	0.438 gram
Average daily elimination of	
uric acid for 14 days under	
colchicum .....	0.234 gram

Gouty glycosuria, if left to run its course untreated, becomes in time identical with true diabetes mellitus. Therefore colchicum checks a *tendency* to overactivity in a sugar direction, and hence the pertinent question: Why not the sugar production itself?—*American Medicine*.

\*Gout: Its Pathology and Treatment. Arthur P. Luff. Cassell & Co., Ltd., 1899.

Dr. Stowall claims that hypodermics are rendered less painful and more readily absorbed by dissolving the tablet in a saline solution instead of water alone.—*Summary*.

## PARAFFIN INJECTIONS IN HERNIA.

H. ECKSTEIN, WIENER KLIN. RUNDSCHAU.

The case of a young woman eighteen years of age was described who had two small inguinal herniae. That upon the right side had persisted one year and a half, and of late had become painful whether a truss was worn or not. The left hernia had developed within two weeks, and was accompanied by the same pain as that upon the right side. Under local anesthesia, an injection of between four and five cubic centimeters of paraffin was injected into the left external abdominal ring. The patient remained quiet for a few days, and there was prompt disappearance of the pain, and no further protrusion of the bowels upon that side. Then an injection of ten cubic centimeters was made upon the right side. Both injections were under made local anesthesia, and were not followed by pain. Each injection successfully occluded the inguinal canal, and prevented protrusion of the abdominal contents. The patient was engaged in heavy labor, and for a time after the second injection wore a truss upon the right side, but later this was laid aside. An examination of the injected parts two months later showed that both herniae were perfectly retained; the patient was able to do heavy work, and experienced no discomfort as the result of the injections.

A second case was that of an umbilical hernia in a boy nine years of age. The protrusion was the size of a walnut, and it was frequently the site of considerable pain. The hernia could be momentarily replaced, the umbilical ring admitting the tip of the finger. The skin over the hernia was thin. Six cubic centimeters of paraffin were injected into the integument, filling the ring. After this the hernia no longer protruded. The paraffin mass was supported for a few days by adhesive plaster.

The writer speaks of using hard paraffin for making the injections. but no particulars are given of the melting point.—*Brief.*

## EYE DEFECTS WHICH MAY CAUSE MENTAL DULLNESS.

C. S. Bull, in *Pediatrics*, remarks that hypermetropia gives rise to ocular pain, headache, and a sense of fatigue in the brain, symptoms incident to weakness of the power of convergence. In many cases the correction of the refractive error will give very good results. It is absolutely useless to attempt to do this without a mydriatic. Astigmatism is productive of indistinct vision for both distant and near objects, and may be an etiological factor in the production of various neuroses, and even of epileptiform attacks in susceptible individuals. Gould, of Philadelphia, has recently cited some very remarkable cases in which the correction of even a very small degree of hypermetropia or h. astigmatism, resulted in a complete cessation of epileptiform seizures. The patients were all adults, and had been considered epileptics for many years.

Myopia is very frequently responsible for a child's supposed mental dullness. The constant, though ineffectual, effort to see, as his playmates do, causes an apparent backwardness in the child's intellectual development. He frequently shuns his companions, preferring to be by himself.

Correction of his myopic error allows him to see the world as his playmates do, and the mental dullness vanishes. Myopia, however, is a disease, and does not simply require concave glasses to complete the treatment. The general health should be carefully watched. The size of the school desk, and the direction from which the light falls on the student's book, are important elements to be considered. Moreover, it has been found that the more educated a country becomes, the more myopic its people are.—*Brief.*

## HEAT IN DIAGNOSIS.

Heat relieves the pain of inflammation, but increases that of suppuration. This is a valuable diagnostic aid in appendicitis.—*Med. Fortnightly.*



## POISONING FROM A SUBLIMATE VAGINAL DOUCHE.

Wood reports the case of a woman thirty years of age who had been ordered a douche of 1:2000 corrosive sublimate to be used daily. The injection caused so much pain, that, fearing a mistake had been made, she applied for further advice, and was told to reduce the strength of the douche one-half. After the third trial there was severe pain in the loins, frequent painful micturition, loss of appetite, but no nausea or vomiting. The urine was of a smoky-red color, acid reaction, and contained 0.35 per cent. albumin. There were numerous red corpuscles, oxalate of calcium crystals, and some epithelial tube casts, chiefly of the hyalin variety. The symptoms rapidly cleared up under diuretics.

Sebillotte studied the question of the absorption of drugs from the vaginal mucous membrane. He came to the conclusion that in cases of bichloride poisoning absorption was from an abraded or lacerated mucous membrane. Practically the vagina had very slight, if any, powers of absorption. The case of Wood shows that in some cases an intact genital tract may absorb mercury in sufficient quantities to produce toxic symptoms.—Dr. H. C. Wood, Jr., in *American Medicine*.

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## BLOOD PRESSURE.

Dr. Jackson urges the value of the careful study of blood pressure by means of mechanical devices. After experimenting for three years, he has reached the following conclusions:

(1) The apparatus needed is a mercury manometer, a Riva Rocci armlet, and a Gaertner finger ring. The manometer is interchangeable, and can be used with either of the last named devices. In cases of arterio-sclerosis, or in patients with very fat arms, the Gaertner finger ring probably gives more accurate results than the armlet. Occasionally the two instruments, when

used on the same patient, will give results which vary greatly, and it is often impossible to say which reading is the most correct.

(2) The average reading for young healthy men ranges from one hundred to one hundred and thirty millimeters of mercury. The reading may be as high as one hundred and fifty, and yet a condition of perfect health exist. In young women the reading ranges between ninety and one hundred and ten. In a person of fifty years of age, a reading even as high as one hundred and seventy-five is without significance. Pressures of two hundred, though frequently met with, must always cause anxiety, and pressures of two hundred and fifty and over are only met with in grave and dangerous cases, "In the last year, five of my patients with pressures of over one hundred and ninety have died of apoplexy, and I now make it a rule to warn the family of a patient with a tension above one hundred and ninety."

(3) All records of blood pressure should state the name of the instrument used. The Riva Rocci gives too high readings in arterio-sclerosis.—*Boston Med. and Surg. Jour.*

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## BICHLORIDE DOUCHE IN OBSTETRIC PRACTICE.

Attention has been called to the danger of the indiscriminate use of the bichloride douche in obstetric practice. The danger lies not so much in the strength of the solution as in the large amounts which are sometimes used. The symptoms of poisoning appear in about twenty-four hours, there being gradually increasing abdominal pain and diarrhea, tenesmus, bloody stools, diminished amount of urine, failure of pulse and respiration, gradually appearing collapse, and death in anywhere from three to ten days. Weak solutions may produce these results if used in large amounts.—*Iowa Med. Jour.*

## ITEMS.

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While in Cincinnati we visited Lloyd Bros'. laboratory and library, and it gave us a feeling of pride and pleasure to know that these men are of us and with us in everything that pertains to Eclectic Medicine.

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Catalogue and announcement of the Eclectic Medical College of the City of New York will be ready for mailing July 1. Send for one.

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The National visited the Eli Lilly plant at Indianapolis and all were much impressed with the care, neatness and precision of the entire establishment; particularly were we all pleased at the special attention given to the manufacture of their hypodermic tablets, and in a future issue we will describe this more in detail.

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E. H. Stephenson, of Fort Smith, Ark., has the right material in him for an excellent president. Every member of the Electoral College can testify to this.

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C. G. Winter is a hustler and much of the success of our meeting was due to his untiring work.

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The small boy was not the only one amused when Boskowitz and Holmes were hurrying for the train at Indianapolis.

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The New York delegation extends its thanks to the Wm. S. Merrell Co. for the courtesies extended them while visiting their laboratories at Cincinnati. Dr. Chamberlain, their representative, conveyed us through the plant, and explained to us in detail the intricacies and difficulties of giving the profession pure medicine.

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M. H. Logan, who for many years has represented California, was absent from this meeting and New York was lonesome without him. The State was, however, well represented in the person of Dr. A. J. Atkins.

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"The smile that won't come off" was on L. E. Russell's face when someone inadvertently called "papa."

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We missed the opportunity of reaching up and shaking hands with our Texas friends, Johnson, Downes and Daniels. Hope they are well and will be with us at St. Louis.

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One of the most faithful and capable workers in the association is W. E. Kinnett of Yorkville, Illinois. Some day we hope to see him wield the gavel.

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Too bad N. A. Graves lives in Chicago. He was always faithful and satisfactory as corresponding secretary.

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The care and responsibility of the important office so long occupied by Wm. T. Gemmill rest lightly upon his shoulders, for he grows younger looking every year.

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The veteran, S. B. Munn of Connecticut, was in attendance at this meeting. Hope he thoroughly enjoyed it.

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W. E. Bloyer was kept busy as chairman of the Committee on Credentials. Nearly one hundred names were presented for them to consider, but Bloyer loves to work in a good cause.

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Book Reviews have been crowded from this number. Will appear in our next.

# THE ECLECTIC REVIEW

EDITOR: G. W. BOSKOWITZ, M. D.

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### The Lessened Birth-Rate.

The lay press is of late apparently taking a renewed interest in the great decline in the number of births in our native American families. Were the subject of less importance many of the reasons given for this most undesirable condition would be truly amusing. In the articles referred to, in almost every instance, an inconceivable ignorance is shown of the real cause of the gradual dying out of many of our old American families.

In a column editorial, in a late issue of the *New York Express*, the following attempt is made to explain the continual lowering birth-rate among native American women:

"One explanation is that the people are rising swiftly in the scale of civilization. As they rise the birth-rate invariably dwindles."

If such an explanation was not too absurd and barren of fact to need refuting, it would only be necessary to mention the fruitfulness of a few of the most refined and highly civilized women of the present day (such, for instance, as the wife of President Roosevelt and the wife of King Edward) to demonstrate its entire falsity.

Continuing, the *Express* writer says:

"That high civilization has much to do with this decline in the birth-rate is illustrated by France, the most civilized of all States."

The writer who sees in the high civilization of France a cause for the small number of births among its native population must be either blind to the truth or densely ignorant of its moral history. In the mind of the man of average worldly knowledge and experience the cause of the low birth-rate in France is rather firmly fixed, and it is very liable to take the form of many disgusting devices for the prevention of conception.

With the apparent belief that he has

solved the whole question, the *Express* wisely-acre dismisses the subject with the following remarkable statement:

"But the explanation that explains the most is the superior position of the American woman. The small family is a postulate of her complete social emancipation and of that consideration which has accompanied it."

Emancipation of the American woman, indeed! Why, you dear old innocent Mr. *Express*, the American women have not been emancipated. You must have got your history slightly mixed. The American women are today just what they have always been—the freest, dearest and most lovable beings on the face of God's green earth. It is true that American women are now better educated than ever before, but that fact constitutes no valid reason for their becoming less fruitful. Education, refinement and civilization have nothing to do with the changed birth-rate, excepting so far as this enlarged education has unfortunately included a greater knowledge of the various means of preventing conception. One of the principal causes of the lessened birth-rate among native American women is their changed manner of living. The unwise wish of young people of the middle class—the class which includes the greater part of the native Americans—to imitate the rich, as near as possible, in dress and style of living, has caused them to adopt every means within their knowledge of avoiding the expense of rearing a large number of children. With American women this desire for fine dress and stylish apartments has become almost a mania, and as the bearing and rearing of children would, to a considerable extent, prevent their gratifying this vain desire, they resort to every available means of avoiding the duties of motherhood. This is a fact well known to every general practitioner of medicine whose practice is largely con-

fined to native American families. In my opinion, the foregoing explains the true and only reason for the constantly decreasing birth-rate in native American families.

J. W. F.

### College Session of 1893 and '04.

In this number will be found the catalogue and announcement of our college, and we had hoped in it to announce the changes in the building. The labor troubles and the uncertainty of the strike have so complicated matters that we are unable to state with any degree of exactness what the result will be. We will, however, be prepared to receive our students and take good care of them, and to this end we ask our graduates and friends to see that our announcement and catalogue reach prospective students in their towns.

Send us their names and addresses and we will send the announcement. You can supplement this with the statement of the advantages of the eclectic practise, calling attention to our prolific materia medica and the fine standing of our students in the examinations for license. If we all do our share in this cause we will not want for students.

## Original Articles

### \*Basis of Specific Medication.

BY LYDIA ROSS, M. D.

\* Read at Mass. Eclectic Medical Society Meeting, June 6, 1903.

The modern investigations of anatomy and physiology have been marked by a synthetic quality. The scalpel, the microscope and the test tube have shown many mysteries of both structure and function. Not content with analyzing the physical tissues, the investigators have sought by chemical and mechanical means to explain the consciousness, as though mind were secreted by the brain as bile is by the liver.

However, if medical science has not found all it sought, at all events there has been wonderful progress made in various directions. If one were to criticize the present status of medical science, they might say that its students had taken the human machine apart and had become so interested in the secrets of separation in this wonderful mechanism, that they had forgotten to put it together again. There has been rather too much analysis and not enough synthesis; too much emphasis given to the specialties of individual organs and not enough attention paid to the working of the whole organism.

Even straws show which way the wind blows. Have you ever thought that, with all the elaborate description and illustration in Gray's Anatomy, there is not a picture of the whole body in the book?

Specific diagnosis and medication constitute a practice peculiarly *apropos* to the present stage of medical progress, which, by reason of past analysis, has become ready for synthesis. A generation ago this practice intuitively answered problems in pathology, and modern physiology and histology have endorsed the accuracy of the answers. Specific medication is based upon a recognition of the constitutional fault which underlies the symptoms.

To broadly sum up the physical life, it consists of the three processes—of construction—nutrition; of activity—function; and of destruction—waste. However diverse the organs may be in function, they are all dependent upon a common system of circulation which is influenced by a common nervous system. The circulatory apparatus consists of the central heart and a network of arteries, veins and lymphatics, whose vital tides are inter-dependent. The chyme in the thoracic duct differs from lymph in its larger amount of fat, while lymph is similar to blood, minus the corpuscles.

The nervous system, with its sensory, motor and special sense areas in brain and cord,

controls the conscious life, while the centres in the medulla and the sympathetic ganglia regulate and guide the whole group of sub-conscious mysteries known as functions.

Each patient has a certain quantity and quality of blood and nervous force with which to operate the individual organs in the body.

Evidently an excess or a deficiency of blood or of nervous fluid in one organ must mean a corresponding loss or surplus elsewhere. A perversion in the common circulatory stream which supplies nutrition and receives waste from every organ must influence the working of the whole system. If the rhythm of the nervous circulation is disturbed, the discord is felt through the general circuit of telegraphic nerves.

To rehearse before this society the specific indications for giving familiar drugs would be like carrying coals to Newcastle. It is well, however, to occasionally look beyond the clinical success of remedies and to seek the reason for the result.

The old time teaching was to regard disease as an entity; if the patient had pneumonia or dysentery the lung or bowel was prescribed for from a classified list of sedatives, expectorants, astringents, etc. Specific medication looks to the quality of the diseased condition rather than to its location. If the tongue is white, we give alkalies; if the pulse is small and rapid, aconite; if the patient is dull, heavy and inclined to sleep, belladonna—all in small, frequent doses.

At first glance it might seem that to prescribe according to the color of the tongue, or the kind of pulse, or the mental condition, was a superficial prescribing at mere symptoms. The old-time practitioner who was studying specific medication would naturally ask: "Why not go to the seat of the trouble and treat the lung or

bowel?" Since experience has repeatedly proven that specific medication succeeds in controlling disease, it evidently does something more than merely handle symptoms. In analyzing the action of specifics we find that they are dealing, not alone with details, but with general principles.

In reviewing the anatomy and physiology, it is found that however skillfully the tissues have been dissected and analyzed, it is only when they are operating together that function proceeds normally. The processes of nutrition and waste, upon which function depends, are controlled by the circulatory fluids; so that remedies which influence the blood vessels and lymphatics must at once affect the circulatory lesion in any organ. Thus the quality of the vascular wrong, as shown by the pulse, correctly indicates the specific remedy. The small, rapid pulse calling for aconite not only speaks of circulatory lesions, but also expresses the asthenic nervous condition. Veratrum, on the other hand, is indicated by the full, bounding pulse, and the remedy not only modifies the cardiac contractions, but diminishes the excessive vital activity of sthenic cases.

If the blood be too acid or too alkaline, this chemical wrong affects the entire system as well as the diseased organ,—stomach, lung, etc. Restoring the normal chemical composition to the blood is the first curative step, and bicarbonate of soda or a potash salt, or an acid, may here act as an efficient sedative or stimulant, or perhaps pave the way for other remedies. All lesions are not simple ones to be met by a single drug.

In relating symptoms of head, chest, abdomen, pelvis or periphery to a want of acid or of alkali, or to a perverted circulatory or nervous supply, it is unnecessary to relate the symptoms to each other to explain how one part requires sedation and another stimulation; the indicated remedy meets the fundamental fault and restores organic equilibrium. This system of practice is direct



and simple and demonstrates that, in working on general principles, the complexity of many factors is compensated by relating them all to one underlying fact.

Naturally enough, each diseased organ will complain in its own language of pain, nausea, cough, palpitation, flux, etc., but these varied claims are satisfied when the indicated specifics meet the organic want. Evidently the broader, more comprehensive view of the situation is not only more simple, but more scientific.

In a case of neuralgia with flushed and feverish face and head, bright eyes and contracted pupils, and restlessness, gelsemium affords prompt relief. Furthermore, this drug does not act like an opiate which deadens the pain and then leaves the system to recover from the remedy. Gelsemium acts directly upon the cerebro-spinal centres, drawing the blood from the congested brain and relieving the over-stimulated nerve centres. The surface symptoms are guides in selecting the remedy, but it is not superficial prescribing which reaches so fundamental a cause.

In an equally severe case of neuralgia with palid face, dull, heavy eyes, dilated pupils, and a look of atony, gelsemium would increase the trouble. Here the nerve centres need sedation, not stimulation.

If the case of pneumonia or diarrhoea has the indications for gelsemium, the nerve centres are sending out excited, painful currents of nervous energy, and the first sedative for the local inflammation is this remedy.

Dull, heavy, aching muscular pains call for macrotys; and aside from its regulating action through the nervous system, it seems to stimulate waste. Thus it is valuable in muscular rheumatism, but has no influence upon arthritis. Articular and muscular rheumatism are more alike in name than in nature. The characteristic ache readily responds to macrotys,

whether it be located in the cardiac, uterine or skeletal muscles.

Bryonia acts on serous membranes, inflammation of which results in sharp, stabbing pains, increased by motion. Histology shows the identity of pleural and peritoneal structures. In the early stages of pleurisy, peritonitis or synovitis, bryonia so often restores the normal circulation in cases not septic that no opiate is required.

Small, frequent doses of medicine act better than large doses at longer intervals. The latter is too much like a blow, while the small dose is a gentle but continuous push healthward. Thus controlling pain or fever or exudate in an organ by regulating the general blood and nervous distribution is more scientific than by the use of depressing antipyretics or deadening opiates. Moreover, by modifying the course of the disease, preventing sequelae and hastening convalescence the vital forces are conserved. The patient is less likely to die cured.

Watertown, Mass.

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### \* *Dioscorea*.

BY A. WALDO FORBUSH, M. D.

\*Read at Boston District Eclectic Medical Society Meeting, May 19, 1903.

*Dioscorea Villosea*, (Linne).

*Natural order*.—*Dioscoreaceae*.

*Common names*.—Colic Root, Wild Tam, etc.

This plant was named for Dioscorides, who, in his day, was an eminent Greek scholar and botanist. The name implies that we have in this plant a remedy of high order.

It is strictly of American origin, growing in all parts of the United States, but profusely in the South and West. Flowering in mid-summer, it is a delicate trailing vine covering bushes and fences.

The rhizoma is the part used in medicine

and contains an acrid principal named dioscorin.

This is a light yellowish powder, with a faint smell and a very bitter, disagreeable taste. When exposed to the atmosphere it absorbs moisture and becomes dark colored.

Dioscorin, unlike the active principal of many drugs of its class, possesses the properties of the entire drug to an eminent degree.

*Physiological effects.*—Dioscorea, when given in considerable atoxic doses, will produce pains of a neuralgic order in nearly every portion of the body, but more particularly in the abdomen. These pains are remitting in character but continuous in effect. The small intestine is controlled by a twisting or agony pain. These pains begin in the region of the umbilicus, but involve the entire abdominal cavity. With the pains we have a jelly-like bilious stool, with tenesmus, burning, and prolapse of the rectum with occasional nausea and vomiting.

Dioscorea evidently effects the system by irritation of the spinal cord, and reflexly by involving the umbilical ganglia; thus the entire nervous system relaxes arterial tension, and, to a small degree, depresses the heart.

Its effect on the reproductive system is persistent. There will be frequent erections, day and night, amorous dreams and emissions, followed by complete torpor of the parts. The uterine apparatus will suffer from spasmodic and cramp-like pains.

*Therapeutic use.*—Dioscorea is of extra value in neuroses of the abdominal cavity, evidenced by spasmodic pains, vertigo, loose stools, pyrosis, nausea, fetid flatulence, uterine colic, and all spasmodic affections, of whatever name, in this locality.

This, and its characteristic influence over spermatorrhoea and nocturnal emissions, are the principal, though not all, of its therapeutic virtues. In bilious or spasmodic colic, where the pain—while remittent—does not cease and is of a twisting tendency, aggra-

vated by lying down or by mental occupation, and unrelieved by pressure the dioscorea will prove valuable. The pain, first noticed at the umbilicus, extends into the lumbar and hypogastric regions, and at last causes vomiting, headache, etc.

Dioscorea has a strong affinity for enfeebled and irritable mucous tissues which become painful from spasmodic contractions of their muscular fibres. It is one of our very best remedies, and is as much a specific in spasmodic conditions of the mucous membrane of the stomach and bowels, as quinine is in intermittent or malarial conditions. In dysentery, diarrhoea, tenesmus, cholera morbus, cholera infantum, with colic and the characteristic twisting pain occurring in regular paroxysms before stools which are profuse, watery, and of a yellow color—worse in the morning followed by weak feeling in the abdomen, with continuance of pain—dioscorea can be relied upon as curative. If the conditions are lessened by moving about and increased when sitting or lying down, they furnish more direct indications for this remedy.

The colic spasm calling for ipecacuanha is just the reverse. Colic of podophyllum is continuous, and relieved by hot applications. Colic relieved by stool and much worse when standing indicates the need of rhubarb. Colic of colocynth is intermitting not remitting as for dioscorea, and comes on after stool. Colic calling for cascara is combined with inveterate constipation and flatulence. Cinchona paroxysms are worse every afternoon, instead of the morning as are those of dioscorea. Dioscorea alternated with ipecac, hydrastis or echinacea, will generally cure catarrhal muco-enteritis. The former subduing the pains and tenesmus the latter reaching the peculiar condition of the evacuations.

It has proved valuable in cholera morbus attended with cramp, when combined with antiseptic treatment to control the watery discharge.

In hepatalgia, unconnected with mechanical cause, this drug is most useful.

Dioscorea as an adjunct to the cholagogues, leptandrin, podophyllin, juglandin, will increase comfort and action. In enteric spasms, caused by the passage of gall stones—or obstructions in the gall bladder—dioscorea relieves the pain, and facilitates the passage of the concretions. A good R. will be found in the following:

- R Fl. ext. lobelia inf. ʒij.  
 Fl. ext. dioscorea vil. ʒiij.  
 Fl. ext. pruni virg. ʒss.  
 Elix simplex g. s. ad. ʒiij.

M. Sig. Teaspoonful every hour or two until relieved.

Dioscorea in an excellent remedy in all spasmodic affections, either alone as a radical, or as an auxiliary agent, in many abnormal conditions of the reproductive apparatus it will prove efficacious. In dysmenorrhoea without structural change, but the result of spasmodic irritation of the mucous membrane of the cervix uteri, dioscorea, single handed, or in combination with viburnum, cimicifuga, senecio, helonias, aletris, caulophyllum or scutellaria—whichever may be the indicated remedy—will produce happy results. In the false pains during pregnancy this drug is useful; also of equal value for the suppression of after pains, and the gastralgia of pregnancy. In neuralgic affections due to reflex conditions from the reproductive or gastric apparatus this remedy should not be overlooked.

In gastro-enteralgia proper, where the usual remedies fail I would recommend dioscorea and Jamaica dogwood, as follows:

- R Flu. ext. dioscorea vil. ʒiij.  
 Flu. ext. Jamaica dog. ʒss.  
 Glycerine ʒss.  
 Elix simplex g. s. ad. ʒiij.

M. Sig. Teaspoonful every hour to three hours for a considerable time. I would expect pleasing results.

In nausea, vomiting, pyrosis, of reflex

origin, dioscorea, with either ipecac, nux, nitro-glycerine, hydrastis, camphor, or hydrocyanic acid as indicated, will prove valuable.

In typhoid fever where there is tenderness on pressure, tympanites, tenesmus, etc., we have symptoms which are characteristic for the use of this drug.

Like colocynth and piscidia, this remedy seems to have an especial affinity for the sciatic nerve, and when the pain shoots downward from the hip even as far as the ankle, dioscorea should be thought of particularly in combination with piscidia and colocynth.

Dioscorea is of some value in headache when it is paroxysmal and is associated with abdominal spasms.

Cutting pains, dullness, dizziness, the pain is never constant and is always aggravated by pressure, are indications for this drug.

The eyes are generally involved and the facial nerves are sensitive, thus resembling cimicifuga.

Dioscorea ought not to be forgotten in angina pectoris proper in combination with strophanthus and avena sativa for a continual treatment.

The painful conditions of the extremities, frequently called rheumatism, but which are really nerve pains, worse at night or early in the morning—darting from one part of the body to another aggravated by motion, patient feels as if he had a cold; chilly, thirstless, has no fever, perspires easily—are rapidly relieved by dioscorea.

In spermatorrhoea and nocturnal emissions dioscorea will generally do better work than any other remedy. Combined with salix nigra we have a reliable treatment, and if persistently given will nearly always produce a favorable change and relieve the great depression of spirits, the dull, dizzy pains in the head, the weakness in the back and knees, the amorous dreams at night, and all the train of symptoms usually found in this connection.



Dioscorea has some action upon the skin but not to any great extent, so far as known. As soon as the pricking sensation is felt in the finger, dioscorea by mouth, with the local application of veratrum, will abort the felon; if used later in its progress will give relief from the pain.

Dioscorea has obtained repute in the treatment and cure of asthma, whooping cough and bronchitis.

For asthmatic affections it may be combined with grindelia robusta, guebracho, lobelia, hyoscyamus, or any indicated remedy. In whooping cough piscidia, chestnut fol., lobelia, thymus and serpyllus may be used in connection with the dioscorea. For bronchitis, acute or chronic, if of the spasmodic form, use with yerba santa, sanguinaria, sulph. codeine, or any indicated drug.

Dr. F. D. Gridley, of Binghamton, N. Y., calls attention to the value of dioscorea in puerperal convulsions, with or without veratrum vir., in half to drachm doses every half hour or hour until relieved.

Dioscorea is useful in spasmodic hiccough. Use it in combination with ustilago maydis giving one-half drachm doses of each every half hour until relieved, then the same sized dose every three hours. By this method I have cured a case of hiccough that had resisted all other treatment for days.

For vomiting of pregnancy, alternated or in combination with strychnine in small doses. Quite a specific for those cases where the nausea or vomiting comes on spasmodically at any time during the day or night. These patients are usually of an anaemic character.

*Ordinary dose.*—Ful. ext. 5 to 60 drops. Dioscorin  $\frac{1}{4}$  to 2 grs. administered every 10-20 or 30 minutes as the case requires.

Dioscorea in medicinal doses is a safe and harmless agent. In over dosage it may produce nausea, vomiting and some depression of the heart.

Water or alcohol is the solvent of the active principal.

Care must be used to secure the proper article as smilax is often substituted, in place of dioscorea, for commercial gain.

Somerville, Mass.

### **Heredity: Its Importance to a Medical Examiner for Life Insurance.**

BY ASA L. PATTEE, M. D.

Mr. President, and members of the Massachusetts Eclectic Medical Society:

Once again have the revolving wheels of time brought us together, and, in obedience to the commands of this honorable body, given me one year ago, I appear to-day as your Orator.

Standing in the footsteps of so many able and eloquent predecessors, and in the presence of the representatives of our learned profession, it would be unnatural for me not to realize, to some extent, the responsibility of the hour.

As I am a physician, and being very much interested in my life work, I have chosen a subject to bring before you to-day which is closely connected with our profession. "*Heredity: Its Importance to a Medical Examiner for Life Insurance.*"

This is a subject, it seems to me, in which physicians of all schools should, at the present time, be greatly interested, for every physician, in the course of his professional career, is, more or less frequently, brought into contact with life insurance business.

The influence of parents on the qualities of their offspring is universally admitted, but the relative amount of that influence from each parent is still an open question.

The general structure of the body, the height, the degree of development of the bones and muscles, the tendency to obesity or leanness, etc., seem to depend as frequently, in the case of man, upon one

parent as on the other. In animal life it is different. In the dog, or horse, the father most frequently determines the general form and size of the body. Merrell states in his introduction to "Mental Philosophy" that "there are certain latent powers or tendencies which have been inherited, and which often remain unknown until brought out by peculiar circumstances." He gives the familiar example of the pointer. The habit of pointing at game, in the dog, was originally an acquired one, but so strongly does the habit become seated in the breed that the very first time a young pointer is taken into the field, he will stand and mark the game; thus exhibiting a purely hereditary instinct. Exactly in the same way, he adds, we find in man peculiarities of mind, temper, thought, habit, volition, etc., appearing and reappearing in families and races.

In an examination for life insurance, a great many times it will not be necessary to extend the inquiry beyond the father and mother, brothers and sisters, if the answers regarding them are favorable. If, however, the near relatives have died early, or, if they appear to be subject to some hereditary malady—seriously affecting the duration of life—it may become essential to include in our investigation a larger circle of relationship.

The question presents itself to us under two aspects, which we would consider as direct and indirect hereditariness. The former implies the conveyance of a definite marked taint from one generation to another. By the latter we understand the production of constitutional peculiarities not traceable to actual disease, but due to accidental circumstances affecting the embryonic condition of the individual, and influencing his future development. Much of the data is extremely difficult to obtain. Fortunately for mankind it is also true that education and training may neutralize and divert the morbid impulse im-

parted to offspring. The more the physician inquires into the private history of families, the more ground will he discover for his belief in hereditary tendencies.

Indirect hereditariness is a term we would apply to that departure from the healthy standard which may be traced to conditions, not involving ill health on the part of the parents, but known to induce a low state of vitality in their children.

We see some remarkable illustrations showing the influence exerted by parents, upon their progeny, at time of conception and during embryonic life, when there is no question of the existence of disease.

Common observation has long established the fact that qualities found in one generation are transmissible to the second generation in descent, so that, in regard to life insurance, the relation between grandparents and grandchildren may become a question of importance. The predominant influence exerted by either parent, though difficult to formularize with precision, is constantly manifested by the greater resemblance in predilection, in character and in constitutional peculiarity, of the child, to either father or mother.

There are, however, two points in the selection of the parents which are of undoubted influence upon their children. The strength of the offspring depends closely upon the vigor of the parents. It is desirable, therefore, that early marriages should be discouraged. What wonder that the girl of seventeen, or eighteen, whose bones are only half consolidated, loses her health after marriage and becomes the delicate mother of sickly children. When a man in advanced life takes a partner, he too often allows himself to be led away from paths of prudence by youth and beauty. We then find that the father not only pays a penalty, to which it is not now our province to allude, but that his children exhibit physical defects which manifest themselves in a variety of

ways, which always tend, more or less, to diminish their vital power and prospects of longevity. Hence a point to be considered in life insurance is the relative age of the candidate's parents at the time of birth.

As stated before, we find that physical training, and proper care, may do much to neutralize the hereditary taint. It is a question, however, whether such condition can be entirely obliterated in one generation. There is probably no limit to possible reproduction of morbid conditions of tissue and structure, upon succeeding generations; nor can we determine the range of influence exerted upon the foetus during intra-uterine life, apart from the influence communicated by the paternal parent.

For the purpose we have now in view we may limit our consideration to certain well marked features in transmission of morbid peculiarities, namely syphilis, scrofula rheumatism, epilepsy, and insanity.

Whenever hereditary diseases appear in a well marked form, the observer will not fail to recognize them and estimate their bearing upon the longevity of the individual. But, in connection with life insurance, we have to deal ordinarily with persons professing to be in good health, and in whom the faintest indication of a taint must be sought for in order to establish its influence upon their constitution, and upon the accidental disease that may arise.

The hereditary taint of syphilis has long been a subject of earnest discussion among physicians. Modern research has traced numerous lesions of vital organs to its influence, though these, in the adult, are probably more often due to the remarkable latency of the poison for long years after the primary infection.

In many cases, the effect of scrofula and some forms of inherited syphilis resemble each other so closely, as to have

caused them to be regarded as identical, by authors of eminence. The scrofulous individual is more liable to develop accidental disease, which may attack him, into dangerous forms thereby becoming more prostrated from them, than those persons in which no such pre-disposition exists. The former is less able to bear the shock and trials of life, to which humanity is unavoidably exposed, than the latter; therefore he is less eligible for life insurance. The glandular enlargements which characterize scrofula may very commonly be traced as belonging to several generations of the same family, just as the tumid lips, high cheek bones, fair hair and complexion, broad *alae nasi*, irregular digestion, and general want of tone are regarded as characteristic features of the scrofulous type; and recur again and again in members of the same stock.

The phthisical taint shows itself in other ways than in the occurrence of tubercular disease. It appears to generate a special liability to disease of the mucous membranes. Hence the prevalence, in phthisical families, of bronchitis and pleuro pneumonia.

The occurrence of these diseases in the applicant for insurance is of greater or less significance, according to the force of the collateral evidence as to his immunity—or the reverse—from the debilitating condition involved in a hereditary proclivity. The inclination to develop phthisis commences at puberty. The succeeding ten years are generally regarded as the most fertile period of life for the development of this disease. This view is based upon a fallacy, according to the best authorities, for we find the disease is statistically shown to occur, with almost uniform frequency up to the decline of life. Whenever there is a doubt as to the interpretation of a candidate's history, or when pulmonary disease under another



name appears in the family, the medical examiner ought to give the company the benefit of the doubt, and recommend increased rates or the rejection of the life. A great deal passes under the name of bronchitis, pneumonia and child birth, which is really consumption; the duration of the attack, and the accompanying circumstances, will often aid in arriving at a correct conclusion. The existence of any symptoms of phthisis in a candidate whose family history is doubtful, makes a rejection, of course, imperative.

We find authorities differ as to the frequency with which cancer is inherited. The most marked example of hereditary tendency to cancer is in the female organs of reproduction. As the female organs are especially liable to disease, and as it has been proven that the female sex has an infinitely greater proclivity to cancer generally than the male sex, we must specially consider the influence of this hereditary taint when we have to deal with a female applicant for insurance.

Rheumatism is another form of disease, the tendency to which is hereditary in an undeniable manner. It is not so directly fatal as the diseases we have been considering, but it contributes largely in an indirect manner, by impairing vital power and damaging the heart, towards swelling the ranks of mortality.

Epilepsy, which unfortunately occurs most frequently in early life, exhibits in a marked form the hereditary impress, though like most other diseases it may arise spontaneously from purely idiopathic causes.

The hereditary tendency in mental disease is more familiar and better demonstrated than in any other form of morbid action. Observers attribute six-sevenths of the cases of insanity to this cause. There are certain laws by which this proclivity seems to operate. Not merely are there more females than males actually

insane, but there are more women hereditarily disposed to be insane. In connection with this statement it must be observed that women are more exposed by constitution to the exciting causes of insanity than men, and that as infants they more readily acquire the mental tone of the mother. Moreover, the insanity of the mother is more frequently transmitted than that of the father. French authorities record that out of 467 cases of mental affection, 279 were traceable to the mother, while English authors record 76 cases out of 133 that were due to maternal influence. Insanity belongs, as we have already seen, to the morbid conditions in which the hereditary influence is strongly marked, though, as some writers claim, it does not appear to largely affect life insurance business. Experience has taught us, in many instances, that the average duration of an insane person's life somewhat exceeds that of the individual whose mental faculties are normal.

Many speculative questions may suggest themselves with reference to inherited influence beyond those to which I have here alluded. But our wish is to keep, as much as possible, on the path of established, or approximately established, facts.

There is not an organ, or part of the body, in which peculiarities of function, or tissue, are not frequently traceable in the ascending or descending line. It is always well for the medical examiner to bear in mind the general law of transmissibility, and to estimate the special bearing of any recurrent deviation from the normal condition. We would, however, take this opportunity of entering our protest against the prevailing habit of treating the death of young children too much as a matter of course, either as an act of Providence, or as a providential arrangement to prevent over-population. We believe neither in the necessity of

premature death, or disease. Though neglect and ignorance of natural laws, that rule the training of the infant, have a large share in producing the mortality among young children, we dare not shut our eyes to the fact that premature decay is very often the result of a taint imparted to them by their parents. When this is capable of satisfactory proof it is manifest that, according to its specific character, it must reduce—to employ life insurance phraseology—the value of the lease of the latter.

Falmouth, Mass.

### Impetigo Contagiosa.

BY DR. W. P. BILES.

In the month of January, 1903, the people of this neighborhood were alarmed by a report that small-pox had broken out in several localities. There were several protracted meetings in progress, the ministers and members refused to close, hence the disease spread so rapidly that the physicians were driven day and night to attend the sick. The writer being so crippled that he could not leave his room, was besieged by parents begging him to vaccinate their children as they could not see the other doctors.

For two reasons I refused to do so. First, I do not believe that vaccination is any protection to the patient; on the contrary, it is an injury to those vaccinated. Second, the epidemic spreading over the country was not small-pox, but a new skin disease that had reached our country from some of the adjacent islands, most likely Cuba. The physicians did not agree in their diagnosis. The majority pronounced it a new form of skin disease, very contagious, while the minority stood by their diagnosis, small-pox, and the people listened to those who pronounced it the most grave form of disease.

In this State, where here is not a regularly organized board of health, the law gives the school board authority to act. Many of the

directors did not understand what their duty was, hence the disease spread so that but few homes in a large circle of a thickly populated country but had some members of the family sick.

One physician boasted that in two days he made \$75.00 vaccinating school children. Think of this, you, who believe in compulsory vaccination! One hundred and fifty innocent children compelled to enter the den of a vile reptile whose virus is more vile than the *crotalus horridus*. Why more vile? The crotalidae variety of reptile simply deposits its virus in the veins of its victims, while the human reptile deposited its virus, and at the same time transferred the blood of one child into the circulation of another. I do not lay this grave charge to all physicians here, as the majority of them did their work with care using all aseptic precaution.

Of twenty medical acquaintances of the writer who were engaged in the treatment, two of them claimed that on account of a dearth of virus they were obliged to vaccinate two children with one ivory point.

For three months the physicians were driven day and night. A conservative estimate made by one doctor is that there were more than one thousand cases within a radius of five miles of this place and not a single death from the disease. The disease was ushered in with a chill, followed by fever, severe pain in the back and head. Twenty-four hours after pain and fever subsided an eruption resembling chicken-pox began to appear. The eruptive stage lasted for several days, the eruption appearing each day in a greater or less quantity according to the severity of the disease. Unlike small-pox the eruption would not appear within a few hours, but continue to crop out each day until the patient was convalescent.

The febrile stage seldom lasted longer than twenty-four hours. During this stage fever usually reached 104° to 105°; with the milder forms of the disease the temperature seldom reached 100°. The pain in back and

head seemed to be governed by the temperature. With mild cases, many went about their work as if nothing was wrong, while of the severer form they were confined to their bed for several days. After the febrile stage, the eruptive stage began by the appearance of a few or many pustules on some part of the body.

For eight or ten days the pustules crop out. There may be but a few, or they may cover the entire body. We examined one young man whose body had been so covered that there was not a square inch of integument but had a scar where a pustule had been. We examined others who had less than a dozen such marks. Pruritus was the annoying feature of this stage. The scar or mark left by the pustule was very superficial. They can be distinctly seen at first, become very indistinct in a few weeks, and will disappear entirely in a few months.

As stated above, there has not been any loss of life from this disease, but from the vaccination many are having serious trouble, sufficient to justify another paper in the near future. Those who have treated small-pox will agree with us that this is something different: hence, I call it *Impetigo Contagiosa*.

Cochranon, Pa.

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Chartered April 22, 1865; organized December 19, 1865; whole number of graduates, 859.

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*Chemistry and Pharmacy.*—Max Meyer, Ph. D., M. D., (Eclectic, N. Y.) 124 East 115th street, Professor of Chemistry and Toxicology. H. Saison, Ph. G., M. D., (Eclectic, N. Y.) 33 West 114th street, Lecturer on Pharmacy. H. Dincin, M. D., (Eclectic, N. Y.) 239 East 14th street, Quiz Master.

*Anatomy.*—Ovid A. Hyde, M. D., (Eclectic, N. Y.) 127 East 93rd street, Professor of Descriptive and Surgical Anatomy. C. M. Tobynne, M. D., (Eclectic, N. Y.) 38 West 96th street, Lecturer and Demonstrator of Anatomy. J. Bernstein, M. D., (Eclectic, N. Y.) 22 Rivington street, Quiz Master.

*Materia Medica and Therapeutics.*—C. Wellington Fitch, M. D., (Yale, Conn.) 640 Madison avenue, Professor of Materia Medica and Therapeutics. John T. Sibley, A. M., M. D., (A. M. C., St. Louis) 730 East 3rd street, Brooklyn, Lecturer on Suggestive Therapeutics. Henry E. Waite, M. D., (Eclectic, N. Y.) 217 East 23rd street, Professor of Electro-Therapeutics. H. Harris, M. D., (Eclectic, N. Y.) 26 Charlton street, Quiz Master.

*Physiology, Pathology and Hygiene.*—

Josephus H. Gunning, M. D., (Eclectic, N. Y., Homeopathic, N. Y., University, N. Y.) 640 Madison avenue, Professor of Physiology. Max Meyer, M. D., 124 East 115th street, Professor of Histology and Pathology. C. W. Brandenburg, M. D., (Eclectic, N. Y.) 223 East 14th street, Professor of Hygiene. P. Nilsson, M. D., (Eclectic, N. Y.) 175 East 94th street, Lecturer on Gross Pathology. M. Scimeca, M. D., (Eclectic, N. Y.) 164 Elizabeth street, Lecturer on Histology and Clinical Microscopy.

*Medical Jurisprudence.*—Wm. R. Spooner, LL. D., (Columbia) 436 East 117th street, Professor of Medical Jurisprudence.

*History.*—The Eclectic Medical College of the City of New York was incorporated by an act of legislature, on the 22nd day of April, 1865. The board of trustees are empowered by the charter, upon the recommendation of the faculty and board of censors, to grant and confer the degree of doctor of medicine upon students of the college, aged twenty-one years, having pursued the study of medicine for four years under the supervision of a reputable physician, and attended at least four full terms, of instruction, in an incorporated medical institution, the last of which terms shall have been held at this college.

The corporation thus established organized in the autumn of 1865, making choice of the following officers:

President, William F. Havemeyer; vice-president, William C. Strickland, LL. D.; treasurer, William Moller; recording secretary, Alexander Wilder, M. D.; corresponding secretary, Henri L. Stewart.

The following professors were also elected:

Wm. Byrd Powell, M. D., (emeritus) cerebral pathology; Robert S. Newton, M. D., operative surgery and surgical diseases; Edwin Freeman, M. D., descriptive and surgical anatomy; Paul W. Allen, M. D., theory and practise of medicine; Wm. W. Hadley,

M. D., materia medica and therapeutics; Thomas D. Worral, M. D., obstetrics and diseases of women and children; Jno. Youatt, M. D., physiology and pathology; J. Milton Sanders, M. D., chemistry, pharmacy and toxicology. The building, No. 223 East 26th street, was leased, and a course of lectures begun, October, 1866, which were attended by a class of forty students. The first commencement was held in the Cooper Union building, on the evening of February 25, 1867, and the degrees were conferred by the secretary of the corporation upon a class of eleven—eight men and three women.

Horace Greeley delivered the address to the graduates.

The school was continued at the college building in 26th street until the year 1875, when the premises No. 1 Livingston place was purchased for college purposes, and used as such until 1889. In 1884 the school was reorganized, and the following officers elected:

Samuel Sinclair, president; Chauncey Shaffer, vice-president; Thomas N. Rooker, treasurer; F. R. Lee, secretary, and Geo. W. Boskowitz, dean.

The college has continued under this management until the present time. In 1889 the board of trustees secured the building No. 239 East 14th street, and the college is now located at this place. Under this management the school has made steady progress, raising its standard both as to the admission for students and the requirements for graduation.

Examinations are written, and are in accordance with Regents' rules. The facilities for instruction have been materially increased during this time; fine chemical and pathological laboratories have been added.

A dispensary in the same building furnishes ample material, and is in charge of the faculty of this institution.

*Building.*—Our college building is located at No. 239 East 14th street. It is easily ac-

cessible from all parts of the city, and is about one mile from Bellevue Hospital. (On commencement day, May 15th, the dean delivered to the board of trustees subscriptions by alumni and friends to fund, now in course of collection, which assures for the college in the near future a home more commodious and better adapted to its needs.)

*Scholastic Year.*—This consists of a single session, commencing in September and continuing until May. As announced in the catalogue of '96-97, a graded course of four years was adopted, and has met with general approval. The faculty and trustees are gratified, knowing that the changes made in the course of study and the higher requirements demanded for graduation continue to meet with the approval of the alumni and profession generally.

*Registration and Matriculation.*—Students on entering the college will be required to register and pay the registration fee of \$5. They will receive a receipt for this fee, which will be exchanged for a certificate of full or conditional matriculation when they shall have complied with the Regents' requirements for such matriculation; but students who have already matriculated at a medical college in the State of New York, according to the Regents' requirements, and those who already hold medical students' certificates, will be matriculated immediately on registration.

*Course of Instruction.*—A graded course of four years, arranged as follows: The studies of the first and second years are anatomy and histology, physics, inorganic and organic chemistry, physiology, materia medica, with laboratory work in chemistry and histology; dissection and attendance upon the general medical and surgical clinics. The studies of the third year are descriptive anatomy, pathology and surgical anatomy, physiology, organic chemistry and toxicology, therapeutics, surgery, practise of medicine, obstetrics and gynaecology, with laboratory work

in pathological anatomy and clinics. The studies of the fourth year are practise of medicine, surgery, obstetrics, diseases of children, gynaecology, diseases of the nervous system and of the ear, eye, skin, nose and throat, insanity and medical jurisprudence, with clinics. Every study taught in the college by lecture is also made the subject of recitations.

*Outline of the Course.*—The course comprises recitations, didactic and clinical lectures and demonstrations. Practical clinical instructions given to groups of students, and laboratory work.

*Recitations.*—The study of each branch is begun by recitations under the direction of the quiz master. These recitations take the place of much of the former didactic lecture system, and are extended throughout the four years.

*Practise of Medicine.*—Upon this subject Professor Thompson will deliver three lectures a week during the entire course.

*Clinical Medicine.*—Two clinics a week will be held in this department under the direction of Drs. Thompson and Oshlag. To specific medicine one hour a week will be devoted during the entire course by Dr. Bulson. Dr. Byron Clark will deliver a course of ten lectures upon positive diagnosis. Dr. H. S. Drayton will conduct the clinic at Manhattan Hospital, and deliver a course of lectures on nervous diseases and insanity, and Dr. G. Rochelle a course on diseases of the stomach.

*Surgery.*—Professor Boskowitz will deliver two lectures upon principles and practise, and one clinical lecture each week. Professor A. W. Herzog one on diseases of the eye, ear, nose and throat, and he will also conduct a clinic in this department. Professor E. H. Muncie will deliver a course of ten lectures upon orificial surgery, and conduct a clinic at the "Muncie Sanatorium." A course on genito-urinary surgery and dermatology by Prof. Wyatt-Hannath, and ten lectures on orthopedic surgery by Prof. Rohde, will be given during the ses-

sion. Dr. W. L. Heeve will deliver one lecture a week on minor surgery and bandaging, and Dr. V. Sillo a course on rectal diseases.

*Obstetrics, Gynaecology, and Diseases of Children.*—Professor Max Augsburg will deliver two lectures each week upon obstetrics, and Profs. Muncie and Hinds each one lecture a week in their respective departments.

*Chemistry.*—Professor Max Meyer will deliver each week two lectures upon inorganic and one upon organic chemistry, and one on toxicology.

*Anatomy.*—Professor Hyde will devote three hours each week to general and descriptive anatomy, and one hour each week to surgical anatomy. Dr. Tobynne one hour each week on surgical landmarks.

*Materia Medica and Therapeutics.*—Professor Fitch will give three lectures each week during the entire course.

Professor Sibley will deliver one lecture a week during the entire course upon suggestive therapeutics.

Dr. Scaison will deliver one lecture a week during the course, on pharmacy.

*Electro-Therapeutics.*—Professor Waite will deliver a course of fifteen lectures in this department.

*Physiology.*—To the subject of physiology four hours a week will be devoted during the entire course by Professor Gunning.

*Hygiene.*—Dr. Brandenburg will deliver one lecture a week during the entire course upon this important subject.

*Medical Jurisprudence.*—Professor Spooner will deliver a course of lectures on this subject.

*Recitations.*—Two hours a day will be devoted to recitations, under the direction of the quiz masters.

*Laboratories.*—The chemical laboratory will be under the direct supervision of Dr. Meyer and his assistants, and each student has a desk and chemicals for his own use, and is supplied with all necessary apparatus.



Students are required to make numerous examinations of albuminous, diabetic and other abnormal specimens of urine. Dr. Meyer is also in charge of the bacteriological laboratory.

The pathological laboratory will be in charge of Professor Meyer and Dr. Scimeca. Each student will be taught the technique of the microscope, and instructed in the preparation, cutting, staining and mounting of specimens, and in the structure of the several tissues and organs of the body. The laboratory classes are divided into sections of fifteen in each group.

*Gross Pathology.*—Dr. P. Nilsson will perform autopsies several times during the session, in order that the class may become acquainted in a general way with the gross appearance of diseased organs. Students of the fourth year will be required to perform autopsies under the direction of Dr. Nilsson, and receive instruction in the technical procedures required in ordinary and in medico-legal cases.

*Dissections.*—Students are required to dissect during at least two sessions of the course. Our rooms are large and well ventilated, and will be in charge of Drs. Hyde and Tobynne. Material is furnished free of charge to students.

*Resources for Clinical Instruction.*—College dispensary located in college building. The material from this institution is utilized for the purpose of clinics. Thousands of patients are treated in the dispensary each year, presenting a variety of diseases, and affording an excellent opportunity for observation and to make the student familiar with the various morbid appearances.

*Beachonian Dispensary.* 183 Ludlow Street.—In charge of Drs. Schultz and Bernstein. This institution is located in the crowded East Side and the material for clinical instruction is abundant.

*Belleue Hospital.*—This institution is situated on 26th street and East River, about one mile from the college building, and is

the charity hospital of New York city. It is open to all medical students for clinical study. Its conveniences and accommodations are co-extensive with its purposes.

Clinical lectures are given or surgical operations made daily. Post-mortem examinations are also held, to which medical students are admitted. Our students are required to attend these clinics, which afford them a large field for observation and study.

*Manhattan Hospital.*—At this institution, which now has control of the State insane, Professor Drayton will conduct a clinic and exhibit cases during the month of March.

*Red Cross Hospital.*—Students have the privilege of attending the clinics of Prof. A. M. Lesser, executive surgeon, Red Cross Hospital, No. 110 West 82d street, New York.

*Muncie Sanatorium,* 119 Macon Street, Brooklyn.—Drs. E. H. and L. H. Muncie are in charge of this institution, and our students are invited to many important operations during the session.

*Library and Reading Room.*—There is an excellent library and reading room attached to the college. Through the liberality of Mrs. G. Keleman, the library of the late Dr. A. J. Keleman has been added. The Beachonian Society (students' association) adds many valuable books each year.

*Requirements for Graduation.*—The requirements for graduation are that each candidate be at least twenty-one years of age, of good moral character, and have studied medicine for four years under the supervision of a reputable physician, and have attended not less than four full terms of instruction in an incorporated medical college, the last of which shall be in this college, and must present evidences of having complied with the law concerning preliminary examinations. Candidates rejected at the final examination will not be re-examined until after having taken another course of lectures.

*Advanced Standing.*—Students who have

attended one or more courses of lectures at other recognized medical colleges, who may desire to be admitted to advanced standing in this college, will be credited with the work they may have done, if satisfactory evidence is presented that final examinations have been passed.

*Fees and Expenses.*—All fees are payable in advance, and are as follows: For matriculation or registration, \$5.00 payable each year. For the year's lectures \$125.00. A perpetual ticket, entitling to attendance upon four or more courses, may be obtained upon payment of \$400.00 in advance. Dissection, \$10.00; chemical laboratory, \$10.00; pathological laboratory, \$10.00; bacteriological laboratory, \$5.00; examination, \$25.00; diploma, \$5.00. Tickets are not transferable, and fees are not returnable.

A certificate of scholarship, entitling the holder to keep a student in the college perpetually, \$1,000.00.

In connection with the college is a dispensary, at which patients present themselves for treatment in large numbers each day. Students of the college have every opportunity of studying these cases under the care of a competent body of instructors, and are thus made familiar with the best methods of examination and treatment of a class of cases which the busy practitioner encounters in his every-day practise. This department is one of great importance in connection with the clinical resources of the college.

The rooms of the dispensary are open from 10 to 12 o'clock A. M., and from 2 to 5 o'clock P. M., every day except Sunday.

#### STAFF OF PHYSICIANS AND SURGEONS.

P. Nilsson, M. D., House Surgeon; H. Harris, M. D., House Physician.

Monday—Drs. B. Turkel and P. Nilsson.

Tuesday—Drs. H. S. Tienken and A. W. Bloomer.

Wednesday—Drs. V. Sillo and M. A. Sturm.

Thursday—Drs. M. Scimeca and M. G. McGinnis.

Friday—Drs. H. Dincin and M. H. Skou.

Saturday—Drs. A. Kiraly and H. Harris.

Dr. H. J. Birkenhauer, superintendent.

#### CONSULTING PHYSICIANS AND SURGEONS.

G. W. Thompson, M. D., George W. Boskowitz, M. D., O. A. Hyde, M. D., E. H. Muncie, M. D., W. L. Heeve, M. D., G. O. Heffter, M. D., C. W. Fitch, M. D., A. W. Herzog, M. D.

#### CALENDAR 1903-04.

##### 1903.

Regular Winter session begins Wednesday, September 23; election vacation, Monday and Tuesday, November 2 and 3; Thanksgiving vacation begins Wednesday afternoon, November 25; lectures resumed Monday, November 30; Christmas vacation begins Thursday afternoon, December 24.

##### 1904.

Lectures resumed Monday, January 4; legal holidays February 12 and February 22; commencement May, 1904.

*Preliminary Examination.*—The preliminary examination of medical students is under the control of the Board of Regents of the University of the State of New York. Those contemplating the study of medicine are advised to apply to the examination department, University of the State of New York, Albany, by letter or otherwise, for information concerning this examination.

#### GENERAL INFORMATION.

Letters requiring information as to the college and requests for announcements should be addressed to G. W. Boskowitz, M. D., dean, or O. A. Hyde, M. D., registrar, Eclectic Medical College, City of New York.

Students are requested on their arrival in the city to call at the college and regis-

ter their names. Arrangements have been made by which students can obtain boarding places in the neighborhood of the college at from four to six dollars per week. Baggage may be sent to the college directed to the care of the registrar. Announcements will be sent annually to all the alumni of the college, and to that end alumni are earnestly requested to inform of any change of address.

## Therapeutics

Edited by

JOHN W. FYFE, M. D.

All articles for this department should be sent to Dr. J. W. FYFE, Saugatuck, Ct.

### Gelsemium.

Gelsemium is classified as a febrifuge, nervine, anti spasmodic, relaxant, alterative, emmenagogue, parturifacient and narcotic. In fevers and inflammations involving the nervous system it has no equal. Its influence in these conditions over the circulatory and nervous systems eminently entitles it to be deemed both nervine and febrifuge. A slight experience with the remedy will quickly demonstrate its narcotic property. When a patient is brought fully under its constitutional influence the symptoms presented are those of a powerful narcotic. On attempting to move about, the patient appears like one who is intoxicated. The muscles cannot respond to the desires of the will. The head is dizzy and the senses are in an uncertain and confused state. As the drug is quickly eliminated from the system (largely through the kidneys) the foregoing symptoms usually disappear within a short time after the drug is discontinued. Other patients when placed fully under control of gelsemium apparently have no desire to move, and sleep soundly. That

the sleep is a refreshing one is manifested by the invigorated condition of such patients after they awake.

Gelsemium is possessed of most positive therapeutic powers. In the treatment of diseases peculiar to females it is frequently a much needed remedy. In amenorrhoea it is a remedial agent of curative power, and as a means of relieving dysmenorrhoea it is seldom equalled. Hysterical convulsions, when not caused by organic change, are promptly controlled with it. It not only controls the spasms, but frequently effects a cure through its influence as a direct tonic to the nervous system. In this affection the dose should be sufficiently large to bring the system completely under the control of the drug. As soon as a remission is secured the dose should be lessened, and then continued as long as required. It is sometimes necessary to keep the system continually under its influence for a long time. For the purpose of controlling the convulsions it may be administered hypodermically in doses of five to ten drops of the specific medicine.

In labor, when there is a constricted condition of the lower segment of the uterus, vagina and perineal tissues, accompanied by a rigid os uteri, gelsemium exerts a most gratifying influence. In this case ten drops of the specific medicine (or a good fluid extract) should be added to five drachms of water and a teaspoonful of the mixture given every ten minutes until the entire quantity has been administered.

As a parturifacient this medicament is at times a remedy of value. It is employed for the purpose of relieving cramps and other spasmodic affections of the child-bearing woman. In the wakefulness, nervous irritability, vertigo, and other unpleasant symptoms which often accompany gestation, it affords considerable relief. Its employment in small doses may



be commenced five or six weeks before the expected time of confinement with a reasonable degree of assurance that it will mitigate many of the distressing symptoms liable to appear in the latter period of gestation.

In the treatment of gonorrhoea gelsemium exerts an influence for which the patient is likely to feel grateful. It overcomes the urethral inflammation and prevents chordee. When a medium dose is administered at bedtime his rest is seldom disturbed by this distressing condition.

In spermatorrhoea it induces a remission of the symptoms and prepares the way for other remedies.

In the treatment of neuralgias arising from functional disturbances of the nervous system this agent gives extreme satisfaction, and in all fevers when there is irritation of the nerve centers it is our most valuable remedial agent.

The following are among the most prominent indications for gelsemium: Flushed face, unnaturally bright eyes and contracted pupils, with increased heat of the head; pain in the entire head; restlessness and indisposition to sleep; urine passed with difficulty and in small quantities, with sense of irritation of the urinary organs; child rolling head from side to side; irritation and determination of blood to the brain; sudden movements of extremities or facial muscles; rigidity of the os uteri, it being thin, sharp and unyielding; neuralgia and nervous headache; sense of constriction in the loins, with tensive or drawing pain seemingly in the spine.

The dose of gelsemium is from one to ten drops of the specific medicine (or a good fluid extract), but the best results of the drug are obtained by adding from ten to thirty drops of the specific medicine to four ounces of water, and administering one teaspoonful every hour.

### Diarrhoea.

Under the above caption Dr. W. N. Mundy, in his admirable work on the *Diseases of Children*, says:

"Simple diarrhoea is of very frequent occurrence with children, and will arise from any cause deranging the processes of digestion, or from cold. This disorder depends upon increased peristaltic action and secretion. \* \* \* In diarrhoea from *irritation* the discharges from the bowels are dark colored, usually a shade of green, or in some cases of a light or pea green. They are sometimes acrid, so that when they have continued for some time they excoriate and chafe the child. Usually the child manifests some uneasiness before having a stool, and there is some straining with it. Occasionally there is febrile action, the skin being harsh and the temperature elevated. In diarrhoea from *atony* the discharges are light colored. They are usually larger than in the other case, though the amount of solid matter is not increased. Here, if it persists for some time, the child seems relaxed, the skin soft and cool, extremities cold, face pallid, and the circulation enfeebled. In both cases the appetite is impaired if the diarrhoea continues, and what food is taken is not well digested, consequently the patient loses strength and flesh as the disease progresses."

In the treatment of the different forms of diarrhoea Dr. Mundy recommends the following remedies, each to be employed in accordance with the specific indications calling for its exhibition: Aconite, ipecac, euphorbia hypericifolia, epilobium, colocynth, dioscorea, maticaria, cuprum arsenitis, compound powder of rhubarb, castor oil, nux vomica, neutralizing cordial, podophyllin, prepared chalk, sodium bicarbonate, lime water, muriatic acid, leptandrin, sulphurous acid and stimulants, especially the aromatics. As the specific indications for all of the fore-

going remedies are fully given in *Fyfe's Modern Materia Medica* (a work which is undoubtedly to be found on the table of every reader of the REVIEW) it is deemed unnecessary to here occupy valuable space in repeating them.

### Poisoning.

(Continued from page 160.)

#### POTASSIUM—POTASH.

As found in commerce this substance in its caustic state is in the form of cakes. Moulded in cylinders it is known as Potassa Fusa, and used as a caustic. In solution it is called Liquor Potassa. The carbonate of potash (pearl-ash) is generally sold in a granular form. It is white, odorless and strongly alkaline.

*Diagnosis.*—The symptoms of poisoning by potash are the same as occur in poisoning by the other caustic alkalies. There is a sensation of excoriation and burning extending from the mouth to the stomach, pain and tenderness in the epigastrium, vomiting of mucus mixed with blood and detached portions of the mucous membranes, tongue, mouth and fauces swollen, flabby and soft, and difficulty in swallowing. The surfaces of the body become cold and moist, the pulse small and feeble, and there is pain over the abdomen with diarrhoea.

*Treatment.*—Vinegar and water should be promptly given to neutralize the poison, and followed with acidulated demulcent drinks. Lemon juice and orange juice are also good. Oils are not deemed of value. The stomach pump must not be used.

#### POTASH, BICHROMATE OF

*Diagnosis.*—In poisoning by the bichromate of potash there is purging with straining, (the discharges usually mixed with blood), pain in the stomach and bowels, a feeble and irregular pulse, cold skin, and the other symptoms usually produced by an irritant poison.

*Treatment.*—Magnesia or chalk should be given, and emetics employed.

#### POTASSIUM, CYANIDE OF

The cyanide of potassium is in white lumps, has the odor of bitter almonds, and is a deadly poison. Care must be exercised that similarity of name never causes it to be confounded with *Ferrocyanide* of potassium, which occurs in the form of yellow crystals, is odorless and not classed with poisons. From three to five grains of cyanide of potassium will destroy life almost as quickly as hydrocyanic acid, and in the same manner.

*Diagnosis.*—When a large dose of the cyanide of potassium has been taken the symptoms of poisoning begin *during* swallowing and death takes place almost immediately. The principal symptoms are insensibility, slow, gasping or convulsive respiration, clammy, cold skin, fixed and glistening eyes, dilated pupils, spasmodic closure of the jaws, an almost imperceptible pulse, and sometimes convulsions of the limbs and trunk. If the dose taken is small there will be faintness, insensibility, difficult breathing, loss of muscular power, convulsions, involuntary evacuations, and temporary paralysis.

*Treatment.*—A solution of the sulphate of iron should be given, and a stream of cold water poured upon the spine from a height of five or six feet. Ammonia may be applied to the nostrils and artificial respiration resorted to, but if any considerable amount of the poison has been taken death is inevitable.

(To be continued.)

### Pelvic Disease and Opium Addiction.

An article on the above subject, by Dr. B. C. Prescott, of Nashua, N. H., appeared in the June number of the *Massachusetts Medical Journal*. The production is of vastly more than ordinary merit, and

should be given a wide circulation. The following paragraphs are extracted from the article referred to, with the regret that space will not permit its reproduction in full:

Nothing in the diseases peculiar to women has impressed me with deeper horror than the indiscriminate use of opiates for the relief of their sufferings. In an experience of forty years, so universal has been the use of this drug, or some of its preparations, \* \* \* that I have frequently been brought to doubt whether opium and its preparations have not done much more harm in the world than good. Few, if any, women come to me with pelvic troubles of years' or months' standing, who are not more or less addicted to the habitual use of anodynes. And of all habits, none is so demoralizing to the morals, none so destructive to the intellect, none so paralyzing to the physical man, as the habitual use of the preparations of opium. \* \* \* The moral and intellectual faculties of the opium drunkard can never be trusted. Its victims will lie and steal, their intellects are feeble and puerile, and their bodies are helpless for any physical effort.

It is with pain I say, that nearly all, if not every one, who has come to me with the opium habit, have been led into it by their attending physician. How many such patients have been under my care I cannot now say with certainty, but certainly a large number; and I cannot now remember a single one who has not been taught its effects and its mode of administration by the attending physician. At this writing I have four such cases under my care, one of whom, a pretty married woman of twenty-four years of age, is a perfect sot from the use of opium. For three years her physicians, who have been many, have given her hypodermics of morphia—until she was taking six to seven grains of morphia a day—and not one had the courage to stop it. It

was commenced by the physician and continued by the physician. I found her with a bad bilateral lacerated cervix uteri, a subinvolved uterus, and pelvic cellulitis. Nothing was done to cure the disease, everything done to relieve the symptoms; with but one remedy, morphia subcutaneously, its most injurious form of administration.

I cannot be too strong in my condemnation of the use of the preparations of opium for the pelvic diseases of women. None are ever benefited by it, all are made worse by it, pain is increased by it, unless the patient is brought to absolute stupefaction, and the recuperative powers of the diseased parts are destroyed by the paralyzing effects of the opiate on the nerves of the parts.

I have never heard more violent condemnation heaped on any physicians than on those who first gave the opiate to those who have acquired the opium habit. The patient, the friends, the acquaintances, one and all, abuse him for everything that is abominable. Never give a hypodermic in such cases. Use all other means at your command, and, if necessary, give the patient into other hands rather than resort to this demoralizing syringe. You will be forgiven; the man that uses it will not fare as well.

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### Aconite and Digitalis.

Dr. Hobart A. Hare in substance says that he is convinced that in the great majority of instances digitalis is administered in doses which are much too large and often continued over far too long a period. Such doses, no doubt, may in some cases, be necessary at the outset of treatment, but after a time they should be rapidly and considerably diminished. He has been surprised to find what excellent results can be produced by the use of such small amounts as one or two minims of an active physiologically tested tincture of digitalis given three or four times a day, the patient being, of course, required to rest, and so give his



heart that therapeutic aid most needed when its compensation is ruptured. Digitalis can manifestly do more harm than good if the coronary arteries are so nearly closed that it is impossible for the heart to pump blood through them in increased quantity, and again if the myocardium is in a state of advanced degeneration. Dr. Hare is also quite sure that in a certain number of cases of valvular disease the patient does not require digitalis or any other cardiac stimulant for the relief of his cardiac symptoms; but, on the other hand, in addition to rest, will often be greatly benefited by the administration of aconite, which has a steadying effect on the heart through its influence on the vagi as has digitalis. By its sedative influence on the heart muscle in hypertrophy, which sometimes produces an excessive irregularity, and by its relaxing effect on the blood vessels, it produces good results. It is much easier to conclude, in the case of valvular disease, with dyspnoea and disturbed heart action, that these symptoms are due to a failing heart than that they are due to a hypertrophy and an excessive activity. Such cases are frequently seen in men well developed in the muscular sense, and whose occupation has caused them to do heavy manual work or who take part actively in some of the severe athletic games. And not infrequently other cases are met with in which the use of well-balanced doses of aconite and digitalis have produced results which neither drug could produce by itself, although at first glance they are physiological antagonists.

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#### Poisonous Effects of Formalin.

The case of a man is reported who swallowed a mouthful of a 40 per cent. solution of formalin. In view of the few cases on record of poisoning from this substance, and the probability of its increasing use leading to more frequent accidental ingestion, Dr. Testi, the attending physician deems a

detailed account of its effects to be valuable. These he describes as follows: The patient experienced an intense burning sensation immediately after swallowing the substance; this being followed by vomiting. The pain then became localized, especially in the pharynx, at the base of the tongue and upper part of the oesophagus, so that deglutition became almost impossible. When seen by the doctor, the patient's face was congested and his ocular conjunctiva hyperaemic, as were also the buccal and pharyngeal mucosa, fauces and tonsils. For two or three days this condition remained unchanged, during which time the patient was able to swallow but the smallest quantity of liquid. Two large eschars then appeared upon the fauces and tonsils, which became detached by the sixth day, regeneration of the epithelium and subsidence of hyperaemia ensuing within about eight days. The author states that the general stupor, anuria and modifications of temperature, pulse and respiration reported in Kluber's case were at no time present in his; this, he thinks, may be accounted for upon the ground that the vomiting prevented absorption of the poison into the system, its effect being purely local.

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#### Formaldehyde in Laryngitis.

In supplementing a recent paper on formaldehyde, Dr. G. B. Rice reports an interesting case, and in substance speaks as follows:

The patient had contracted laryngitis. Examination showed the lesions of the larynx in the usual place. The posterior portions of both vocal bands were involved. At this time I saw somewhere, some results of the use of formaldehyde in the treatment of this disease, and thought it might be of use in this case. December 1, 1899, I began the use of formaldehyde 1½ per cent. solution every other day until the 26th, when ulceration had entirely disappeared; other remedies had only increased it. Microscopic exami-

nation of the sputum showed that it contained numerous tubercular bacilli. December 12 they were still present, as well as some inflammation and infiltration.

Number of treatments were 110, at first given by myself or under my direction, but after two months I succeeded in teaching the patient to make them herself, and she did so every day, using a  $2\frac{1}{2}$  per cent. solution, sometimes 3 per cent.; the latter could be used without discomfort, and she carried the treatments out as stated. After four years the larynx is absolutely normal, no appearance of diseased tissues, though, perhaps, very careful examination would show scarred tissues. Local treatment was supplemented with internal remedies, and in her own home the fresh-air treatment that had been begun at Rutland was continued. The laryngeal trouble began at Rutland, and disappeared under local treatment with formaldehyde, which would be proof positive that it was the remedy to bring about the cure, as other methods had increased the irritation.

The mouths of some patients are very sensitive, and most remedies are extremely irritating; some will not even bear brushing with the simplest preparation; oily preparations will sometimes produce spasms of the larynx that are dangerous. In such cases, before using formaldehyde, spray with a 2 per cent. solution of cocaine, enough to destroy the sensitiveness of the larynx. I believe the use of cocaine does decided harm and it should be discarded as soon as possible.

The doctor also reports the following incident: Once at the Dispensary a 40 per cent. solution was mistaken for a 2 per cent. Its application caused a great deal of distress and pain, coughing and general discomfort, but no harm resulted; in a short time the irritation passed away, and on the next visit the larynx looked as well as before, which would indicate that a strong solution is not as destructive as supposed.

In replying to a contributor who undertook to show a difference between a homeopathic cure and a biochemic cure resulting from the administration of a given quantity of silica, the editor of the *Homeopathic Recorder* says:

"And yet as silica 12x is silica 12x, and it is nothing more, its action must be the same, whether given on homeopathic, biochemic, eclectic or any other system."

That is a rock-ribbed and rock-bound fact, and it is well stated. A remedy of a certain strength is a remedy of that particular strength, and its action will be the same regardless of theory, dogma, or long causes and whys.

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According to the bulletin of the Health Department of Chicago at the close of record hours on Saturday, March 21, there had been registered a total of 679 deaths from tuberculosis, and of 1,455 deaths from pneumonia since the first of the year. During the corresponding period of 1902 the respective totals were 619 from tuberculosis and 1,095 from pneumonia. These figures show increases of 9.6 per cent. of tuberculosis mortality and 32.8 per cent. of pneumonia mortality. And they also show that the excess of pneumonia mortality over tuberculosis mortality—which was 76 per cent. in 1902—has risen to 114 per cent. this year. —*American Medicine*, April 4, 1903. [We do not hesitate to say that we *believe* that more than 50 per cent. of these deaths from pneumonia are due to the treatment. Too much antipyretics, too much heart remedies, too little common sense, too much science, too much fad, too much authority, too many deaths. Listen to eclecticism and homeopathy.—B]—*Medical Gleaner*.

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Dr. Brodnax in *Medical Summary*, April, in a paper on *santonin*, after relating its clearing up some bad cases by causing patient to pass a large number of worms, goes on to say: "I have noticed that those who

took these doses commenced to fatten up almost immediately—that the urine was more plenty, though high in color. Now, I thought, how would three to five grains three times a day do in cystitis? I tried it, and in this it was a success, supplanting, to some extent, my old mode of nitrate of silver in the same trouble. That is, where the case was not acute.

This effect on the urine led me to use it in a case of gonorrhoea that had run its first stage, and become somewhat chronic. Three grains three or four times a day, reduced to twice daily at the end of a week, resulted in a cure in less than two weeks. I have since then used it alternately with carbolic acid, two grains of santalin, two drops of acid, alternate every four hours, in acute gonorrhoea, with result of disappearance of all symptoms in from fourteen to eighteen days."

Dr. C. D. R. Kirk, in *Eclectic Medical Journal*, warns the "old doctors" who are seeking a young partner who will do the hard work that it won't do; for the first thing he knows the younger, and more active man, can command all the practice and—with maybe a few exceptions—will do so, and the old doctor will be left stranded. Better fight it out to the end alone, advises Dr. Kirk, and the "old doctors" will end with "more money and much more glory."

## Society Meetings

### Forty-third Annual Meeting of the Massachusetts Eclectic Medical Society.

Boston, June 4-5, 1903.

The first session was called to order at The Thorndike on June 4, at 8 o'clock P. M.

The reports of the Secretary and the various committees were made and accepted.

The Secretary was authorized to forward, with the compliments of the Society, a bound volume of our publications, containing the printed documents from 1860 to 1901, inclusive, to the National Medical Library at Washington.

Letters were read from the Eclectic College of the City of New York and the Medical Library of Boston, acknowledging their receipt of, and extending their thanks for, a bound copy of our publications. The letters were ordered to be spread upon the records.

Drs. Allen, Miles and Ross were appointed as a committee to nominate officers for the ensuing year.

Dr. Pitts Edwin Howes was appointed to nominate delegates to the National.

Dr. Pitts Edwin Howes was appointed to draft resolutions upon the death of our late fellow, E. Edwin Spencer, M. D.

The Secretary read communications from two of our honorary members, Prof. John Uri Lloyd and Prof. L. E. Russell, extending their congratulations, regretting their inability to be present this year, and expressing their expectation of meeting us at our next annual meeting.

The session of Friday was one of the most largely attended for many years.

The committee on the death of Edwin Spencer, M. D., reported as follows:

Who can accurately weigh the failure or success of a human life?

Who can positively determine the possibilities of eternity?

Only the Supreme Being, who is the maker of the one and the ruler of the other.

As we scan the pages of our records we are constantly reminded of the mutability of all that belongs to earth.

Today we miss from our gatherings one who has been a constant attendant since the inception of this society—a charter member of the Massachusetts Eclectic Medical Society—E. Edwin Spencer, M. D.



He was a man of brilliant intellectual capacity, a keen thinker along many original lines, and he possessed many traits which endeared him to those who knew him.

As a physician, he was a close student, a skillful diagnostician, and a successful reliever of curable disease.

Though compelled by ill health to live, as it were, in the shadow during the latter part of his life, yet he was always a welcome guest at our gatherings.

Madam President, accepting the foregoing as a just recognition of the worth of our departed fellow, be it

Resolved, That we extend our deep sympathy to his daughter and relatives in their bereavement, that a copy of this tribute be spread upon our records, and that another be sent to the family of our deceased member.

Respectfully submitted,

PITTS EDWIN HOWES, M. D.,  
Committee.

Dr. William H. Russell read a very interesting essay upon echinacea, which was discussed by Drs. Miles, Allen, Forbush, Pattee and Ross. Dr. John Perrins presented an extremely valuable article upon chloroform, which elicited one of the most interesting discussions of the day, being participated in by Drs. Green, Howes, Ross, Miles, Pattee, Johnson, and closed by the essayist. It was evidently the consensus of those who spoke that chloroform was the safest anaesthetic when administered with due caution.

After partaking of the usual lunch, Dr. Lydia Ross delivered her essay upon the "Scientific Basis for Specific Medication," which was listened to with close attention, being discussed by Drs. Perrins, Miles and Pattee.

Dr. Charles Keck followed with a masterly plea for the use of "Anaesthetics in Labor." He held the close attention of all present and the paper was highly

commended by Drs. Miles, Ross, Pattee, Chase, Russell, Perrins and Powe.

Dr. Pitts Edwin Howes presented a short sketch on nux vomica, which was discussed by Drs. Perrins, Forbush, Ross and the writer.

The last three of these papers appear in this number of the REVIEW.

The following officers were elected for 1903-4:

President, William H. Russell, M. D.; Vice-President, Lydia Ross, M. D.; Corresponding Secretary, Asa L. Pattee, M. D.; Recording Secretary, Pitts Edwin Howes, M. D., who commences his thirteenth year of service in this position; Treasurer, Nathan L. Allen, M. D.; Librarian, John Perrins, M. D.; Councillors, Drs. E. Edwin Miles, W. A. Earle, D. L. Powe, F. W. Abbott, A. W. Forbush.

Drs. Charles E. Kech, Barnstable, Mass., Granville R. Johnson, Templeton, Mass., John A. Donner, Holyoke, Mass., and Sylvia A. Abbott, Taunton, Mass., have joined the society during the year.

The committee to nominate delegates to the National Eclectic Medical Association meeting reported that, as they could find no one who was intending to go to that gathering, they had no names to present.

At 5 o'clock the Orator, Asa L. Pattee, M. D., was introduced and he spoke very instructively upon the theme, "Heredity—Its Importance to a Medical Examiner for Life Insurance." He was listened to with marked attention. The oration will be found elsewhere in the pages of this issue. This forty-third annual meeting was presided over in a charming manner by Lillian G. Bullock, M. D., who proved conclusively that a woman could equal a man in the skill and tact necessary for a presiding officer.

The forty-third annual banquet was served at 6 P. M. and presided over by Lydia Ross, M. D., Anniversary Chair-

man. She also received many congratulations for the graceful way in which she performed the duties of the occasion.

Rev. Walter F. Greenman acted as Chaplain and also spoke very forcibly in behalf of the profession he represented and their duties to society at large.

John Perrins, M. D., responded for the society, Miss M. Caroline Wilson for the ladies. The fact that both our President and Anniversary Chairman belonged to the gentler sex was doubtless responsible for the large number of ladies who participated in the banquet, an innovation which we trust will be followed at all future gatherings.

Mr. George D. Ayers made some very interesting remarks as to the relationship which should exist between the three learned professions. Milbury Green, M. D., in behalf of the older members of the society, related some pleasing reminiscences. Miss Martha Robbins added much pleasure to the occasion by her pleasing vocal selections.

Taken all in all, this was one of the most successful meetings which the society has held for many years.

PITTS EDWIN HOWES, M. D.,  
Recording Secretary.

## Query Department

Conducted by

PITTS EDWIN HOWES, M. D.

Boston, Mass.

All communications for this department should be addressed to PITTS EDWIN HOWES, M. D., 703 Washington Street, Dorchester District, Boston, Mass., and must be received by the 28th of the month in order to be answered in the next number of the REVIEW.

H. E. F.—I am a reader of Eclectic literature and would like to know some definite, distinct differences between the uses of the same drug by that school and the one styled "Regular."

The Regular school of medicine uses largely medicine for its physiological ef-

fects, while the Eclectic system teaches the different results which may be produced by varying the amount of medicine administered. For example, ipecac is used largely to produce vomiting by the one school, while the other finds in this drug a most potent factor to relieve nausea when it is given in sufficiently small sized doses.

The keystone of Eclectic medicine is the curation of disease by the proper adaptation of remedial agents to diseased conditions. In this they have been eminently successful, for they are—as a rule—firm believers in the power of correctly applied drugs to aid Nature in throwing off abnormal conditions and the restoration to health. And these tenets which they have held so firmly, and practised so skillfully, for the past seventy-five years, are commencing to bear fruit in the science of medicine at large. Many things which Eclectic physicians have used and thoroughly understood are now being advanced and advocated by the dominant school and in some instances the Eclectic School is given credit for the work performed. While Eclectics have been studying their *Materia Medica*, and adapting it to needs of diseased conditions, the Regulars have been developing the possibilities of pathological conditions and all those means whereby their diagnosis may be made correct.

It cannot be denied that a knowledge of the exact departure from health, and the conditions which such departure may produce, is valuable; but the persons who are the victims of the departure are much more concerned in that which will restore to them their lost health and strength.

E. L. D.—Should we, or should we not, use anaesthetics in labor; and if so, which one should be preferred? I cannot do better than refer this questioner to the article by Dr. Charles Keck in this number of the REVIEW. Having read this, I am sure

the answer will be in the affirmative for the first part of his question. As to the last part there can be no hesitancy in saying that chloroform is *the* agent to be used in all forms of labor. Whatever may be said against it in surgical operations, here all such arguments fall, and are completely without foundation.

C. J. K.—In your estimation, is iron a necessary adjunct to successful tonic treatment?

I most thoroughly believe in the use of iron in tonic treatment, but think it should be used in its alkaline form. As such it is more easily absorbed and does not produce the injurious effects of the acid preparations. Iron, to be effective, should be prescribed in very minute doses and for a considerable length of time.

## Selections

### Fyfe's *Materia Medica*.

We are in receipt of a copy of Dr. Fyfe's splendid book; and after thoroughly scanning it we have no hesitancy in according to it our unqualified commendation. We cannot too heartily recommend this work to the busy practitioner who needs a ready reference book. Not a day passes that does not find us perusing its pages. It fills the place to-day that *Specific Medication* occupied on our table for more than twenty years previously. It is an invaluable busy doctor's companion.—*American Medical Journal*.

*The Essentials of Modern Materia Medica and Therapeutics*, by John William Fyfe, M. D., is a very useful book.—*Homoeopathic Recorder*.

This volume, written by one who has been a teacher himself, and therefore understands the needs of the medical student, is particularly adapted to use in colleges. The Formulary, compiled by Prof. Boskowitz, is of great value to the student as it helps him over that great stumbling block—the writ-

ing of prescriptions and the combining of drugs.—*California Medical Journal*.

This book, as its name indicates, contains the essentials of *materia medica* and therapeutics, all in a nut shell, as it were. Nearly a thousand remedies are presented, treated and arranged in alphabetical order. Of each is given the common name, natural order, part used and general description, dose and usual dose and indications and the ordinary classification. The facts presented have been obtained from the experimentation and observation of many able investigators, and from the writer's own experience in practice.—*Medical Summary*.

A large number of drugs are mentioned, the common name of each being given, the drug described, its dosage and indications for use specified. At the back of the book is a comprehensive formulary. A good index adds to the value of the text. The binding is neat and strong.—*New England Medical Gazette*.

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### Summer Complaint.

A well known physician, after twenty-five years' practise, once said to us, "if I was limited to half a dozen remedies and could make my own choice, *Alkaline Elixir* (or as it is now called, *Alkarhein*) would be one of the first I would name. It is not only the best of all remedies for summer complaint, but is of value in practically every form of intestinal disturbance—certainly in all those in which there is fermentation of the contents of the alimentary canal."

*Alkarhein* is composed of rhubarb, golden seal, potassium bicarbonate, sodium bicarbonate, cinnamon, peppermint, pancreatin and brandy and the indications for its use are above outlined.

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Dr. Wm. B. Mann, No. 1570 Asbury Ave., Evanston, Ill., writes: "Your Alkaline Elixir (*Alkarhein*) is an ideal pharmaceutical preparation, and is my favorite remedy for summer complaint in infants and older



children as well. I believe it, at least, equal, if not superior, to any preparation for such use. Being a graduate in pharmacy as well as in medicine enables me to judge its merits."

In *Gastritis, Enteritis and Gastro-Enteritis*, *Alkarhein* may, with advantage, be alternated with Solution Bismuth and Hydrastia, as in these cases the mechanical sedative, antiseptic and astringent action of this remedy exerts a favorable effect upon the inflamed mucosa. *Alkarhein* and *Solution Bismuth* and *Hydrastia* are prepared only by THE WM. S. MERRELL CHEMICAL CO., Cincinnati. Branches: New York, Chicago, New Orleans, San Francisco. Send for descriptive circular matter.

#### Amenorrhea.

A very frequent condition for which the practitioner is consulted is suppression of the menses owing to exposure to a cold or to mental emotion. To restore the flow in these cases and to prevent the occurrence of uterine disease during the period of its re-establishment, the administration of Hayden's Viburnum Compound is very useful, owing to its soothing effect upon the nervous system, its antispasmodic action, and its power of reducing congestion, thereby preventing inflammation. In cases of true amenorrhea, such as occur from change of climate, overwork, malnutrition, anemia, chlorosis, phthisis, and other exhausting diseases, the systematic administration of Hayden's Viburnum Compound in connection with general hygienic, dietetic and supportive treatment, is of great benefit. It will relieve the distressing symptoms occurring especially at the time when the menses are due, such as neuralgia, flashes of heat and cold, colicky pains in the abdomen, and also promote the return of the flow owing to its tonic action upon the relaxed generative organs. If the amenorrhea be due to uterine disease this preparation will be found a most efficient

adjunct to other measures. It is especially indicated in cases in which the absence of menstruation is due to a poor development of the uterus, being administered in connection with faradism, dilatation, massage and other measures.

#### Pyloric Stenosis in Infants.

E. W. Saunders (*Med. Times and Register*) says that in the treatment of this disease the indications are: First, the administration of some medicinal agent which shall overcome to a great or less extent the violent contraction of the pylorus. Among the drugs to be recommended are belladonna, bromides and chloral. Second, the treatment of the secondary gastric irritation. This results from the stagnation of food, and should be treated by washing out the stomach and by giving it rest; rectal feeding should therefore be resorted to from time to time, and for twenty-four hours nothing but water given by the mouth; when food by the mouth is again allowed, the stomach should be washed out occasionally to remove a possible residuum of undigested food. Third, the diet of the child should consist of food which forms no coagulum in the stomach. Milk or any food containing undigested casein will not answer, consequently the mother's milk is usually unsuitable, while the milk of a wet-nurse in advanced lactation will succeed. Whey or peptonized milk, or a mixture of both, is usually the best food. The deficiency in fat should be supplied by cod-liver oil. A very small percentage of cream can be gradually added. To aid the motor power of the stomach by gravity, the infant should be placed on its right side after nursing. The end to be accomplished is hypertrophy of the gastric wall without dilatation, hence the quantity of food should not be large. Gaseous distension of the stomach should by all means be prevented. When the infant fails in spite of rational treatment, surgical intervention must be advised.—*Brief*.

## Items

Married—Mildred Virginia Corr, of Washington, D. C. to Edward J. Farnum, M. D., of Chicago, Illinois, June 17, 1903.

Married—Marian Ross Arvine, M. D., to Joseph Kallman, M. D., both of New York, June 29, 1903.

We desire to acknowledge the card of Miss Henrietta Joan Pearlstien, who arrived in town June 13, 1903.

Dr. W. P. Biles, from whose pen an interesting article appears in this number, met with an accident on June 3. We extend our sympathy to the doctor and express the hope that he may speedily recover.

Dr. Robert A. Simpson, of York, Pa., who practised eclectic medicine for forty-seven years, died January 16, 1903, aged 73 years.

W. R. Davis, of Utica, New York, died April 19, aged 47 years. He was a member of the class of '91.

Subscribe now.

The Trustees of the Worcester Eclectic Medical College held their usual yearly meeting at "The Thorndike," June 5, 1903. The usual routine business was transacted and the following officers chosen for the ensuing year:

President, C. Edwin Miles, M. D.; clerk, Pitts Edwin Howes, M. D.; treasurer, Milbury Green, M. D.

Board of Trustees, Drs. C. Edwin Miles, Pitts Edwin Howes, Milbury Green, John Perrins, Nathan L. Allen, A. Waldo Forbush, Mr. Edward A. Wilson.

The Trustees of this institution hold yearly meetings that its charter, which is valuable, may be kept intact.

We desire to call the attention of the readers of the REVIEW to the advertisement of the Dusal Chemical Co. If you have not yet used Sal. Eliminant it will pay you to write for sample and literature.

We congratulate the Connecticut Eclectic Medical Society upon the election of that able, conscientious and untiring eclectic, Dr. Le. Bailly, of Middletown, as president of their association.

Send for catalogue and announcement of the Eclectic Medical College of the City of New York. Hand it to prospective students. Tell them of the fine record our students have made in the Regents' examinations, of the wonderful materia medica of the eclectic school, etc.

A GOOD OFFER. For three dollars we will send you the "Essentials of Modern Materia Medica and Therapeutics," by John William Fyfe, M. D., and "The History of Medicine," by Alexander Wilder, M. D. *Can you beat it?*

Dr. Craft, of Herrick Center, Pa., one of our old graduates, paid us a visit last month. The doctor has been very successful in practise and has accumulated quite a fortune. Good example to follow. We advise the young people to write him; he may be able to give them some pointers.

On July 3, in the town of Pembroke, Maine, Doctor and Mrs. T. W. Pomroy celebrated their fiftieth wedding anniversary. The REVIEW and the eclectic friends in New York send their congratulations.

We enjoyed a visit from the editor of the "Stuffed Club," Dr. H. J. Tilden, of Denver, Colorado. By the way, doctor, if you want a magazine brim full of common sense, write for the "Stuffed Club."

# THE ECLECTIC REVIEW

EDITOR: G. W. BOSKOWITZ, M. D.

VOL. VI.

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NO. 8

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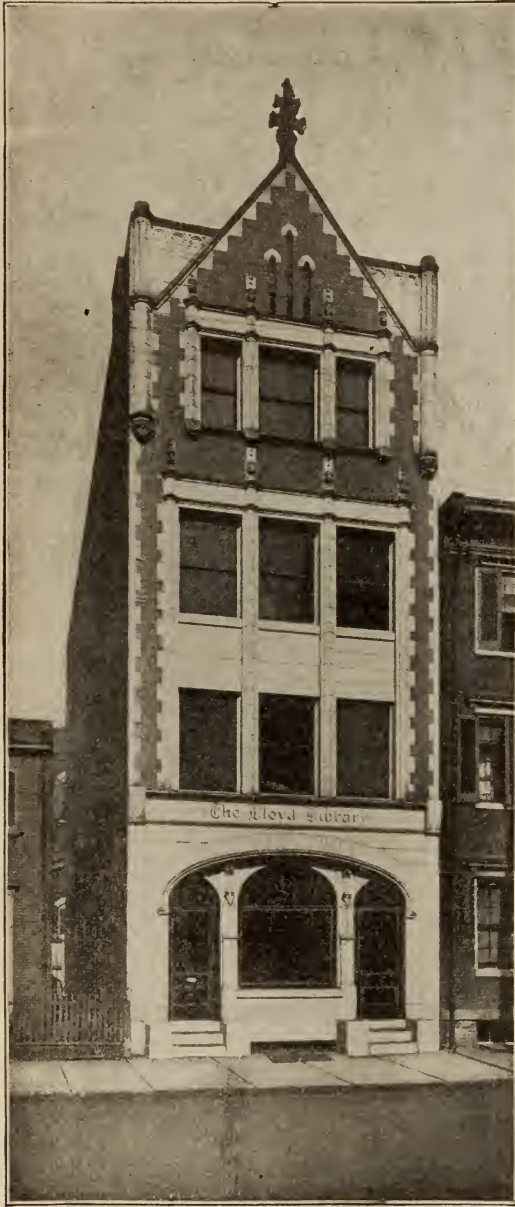
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### Lloyd Library.

It is with pleasure that we are able to present to our readers the picture of the build-



ing erected and endowed by the Lloyd Brothers, and known as the Lloyd Library. It is situated near the old Institute and we, with the delegation from New York, had the pleasure of visiting it while en route

to the National. The library is devoted to botany, pharmacy, chemistry and allied sciences, and upon its shelves are many rare and costly books pertaining to these subjects. On the above subjects there are at least 20,000 volumes. There is also an herbarium of pressed plants, containing from four to five thousand specimens. It is of especial interest to the members of this school that the Lloyd Library contains a most complete collection of books and pamphlets of the Eclectic School of Medicine.

A partial list or catalogue of these books and pamphlets can be found in "Wilder's History of Medicine." The library is incorporated and is free to the public and is pledged to be donated intact to science.

### Stand By Our Own.

The invitations which allopathic societies have lately been extending to Eclectic doctors to join their organizations have naturally caused considerable comment, but I do not remember having seen any account of similar invitations having been extended to our friends of the older school by Eclectic societies. Possibly this return courtesy has been neglected. The condition attached to the invitations of the allopathic societies is that we abandon the name Eclectic—a name which does not seem to meet with their unqualified approval. If it should be decided by our societies to issue return invitations to the members of the old school it might be well to delicately suggest the propriety of their dropping the offensive title of "Regular," and state that we can only accept them as physicians. If this course was adopted I wonder if the idea of "annihilation by absorption" would long remain one of the favorite schemes of the allopathic school.

While thinking of these old school invitations and what their acceptance was

expected to lead to, one is likely to be reminded of the excellent address of Prof. John Uri Lloyd, delivered at a recent meeting of the Eclectic Medical Society of the State of Missouri. In part he said:

"That we were the first protestants against inhumanity toward the sick. The old school might have been irresponsible for the barbarous treatment which they followed, for they were led blindly. This barbarism was transported from Europe and consists in large doses of tartar emetic, calomel, and in bleeding and blistering. We came as protestants against such inhumanity toward man. Such things have now passed away; but the mill will not grind with the water that is past. After mitigating this barbarism, we went into the woods and fields and studied medicines for their direct effect. We have been accused of pilfering, but we are the one school that has evolved and given to other schools. We have not hidden our discoveries, but have published them to the world. But our work is not yet completed, but just begun. We have yet a greater field to explore, for there are more than 12,000 plants growing west of the Mississippi River and not one has yet been analyzed. Cinchona is yet an unknown quantity for it contains alkaloids that have not been separated. So long as this condition exists there is work for the Eclectics to accomplish. The question is asked: Why not become a part of the old school? We can't any more than we can all belong to one church. There must be sects in medicine as well as in religion. The discoveries of the old school are along an entirely different line from ours."

In the foregoing extract from Prof. Lloyd's able address the reason why we can never become a part of the old school is tersely given—their work is "along different lines from ours." As in the past,

in our study of medicines for their direct effect, we can do better work alone. Let us stand by our own organization.

J. W. F.

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#### Francis L. Morhard, D.D.S., M. D.

On July 31st, Dr. Morhard was suddenly killed by an electric shock from a broken wire upon entering the cellar of his summer cottage on Staten Island.

The doctor was thirty-seven years old, and had been more than ordinarily successful in his professional career, he having both medical and dental offices in this city. He was a member of the County, State and National Eclectic Medical societies. In County and State societies he had been very active for a number of years. Twice he was elected vice-president of the County Society. He was a member of numerous fraternal and social organizations. His geniality made him very popular and at the time of his death he was Master of Trinity Lodge F. and A. M. of this city.

The members of the County Society were all his friends, and to many he was a very dear and close companion; for those who knew him intimately could not help but appreciate that good nature, good fellowship, charitable and fraternal feeling Doctor Morhard possessed.

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#### Prepared for the Work.

This Winter we expect there will be plenty of work for all connected directly or indirectly with the cause. The outlook for the College is excellent. Every mail brings its inquiries, and requests for catalogues. The County Society and Specific Medication Club are both well officered and fine programs for the meetings have been arranged.

Our State Society will publish a volume of transactions and a good meeting of this

organization is assured with so active, energetic and capable a president as Doctor E. H. King.

The Beachonian Dispensary is a monument to the skill of the young eclectics who started it about a year and a half ago. They are at present treating over 1,000 cases a month. They have arranged for several public lectures during the Winter. The Cosmopolitan Hospital Society is at present contemplating buying a building and opening the out-patient department this Winter and the Brooklyn boys have at last "got together" and have formed the Kings County Dispensary Society. In each of these organizations concerted harmonious work is the watchword.

## Original Articles

### Poisoning by One's Own Secretions.

BY W. H. BLAKE, M. D.

Read at the Meeting of the Eclectic Medical Society,  
State of Pennsylvania.

Painful emotions cause the secretions to be lessened in quantity and become intense in quality, and, if the secretions are absorbed, they poison the blood and cause perversion of function; which perversion, if long continued, may cause organic disease, degeneration of tissue, and, ultimately death.

If a painful emotion is very intense in character death may result very suddenly; if less intense but long continued, death, even if a direct result, may not occur for many months; the character and intensity of the emotion, the temperament of the person, the time of life, the general health at the beginning of the trouble and other attendant circumstances all being factors in the case, determining or modifying the effects, i. e., the symptoms and the final result.

Long continued worrying, as a painful condition of mind, causes arterial tension, restricts the peripheral circulation, causes

centralization of the blood in some degree, and in corresponding degree congestion of the liver; this result is caused by the increased excitement of the peripheral vaso-motor centres; the liver shares with them the excitement resulting from this condition of mind, and the biliary secretion therefore becomes viscid, sticky, and acrid, and tends to clog the bile ducts; its free passage into the intestines being then obstructed, it is absorbed, passes into the blood, and acts as an irritant the effect of which upon the nerve centres corresponds with that of the emotion which caused its acrid character, intensifies that effect; the arterial tension is increased, the peripheral circulation is still more restricted, and the centralization of the blood with increased congestion of the central organs is augmented. The kidneys become in some degree congested, and the urine as a consequence becomes albuminous and contains bile.

Restriction of peripheral circulation causes restriction of peripheral nutrition, loss of weight, pallor, coolness of the skin, particularly of the hands and feet, sallowness and wrinkles, and fickle appetite: skin is perhaps more yellow some days than others, but yet there may never be decided jaundice; the eyes may perhaps be, usually, clear and free from yellowness; in such cases, however, the biliary matter, usually in jaundice chiefly eliminated by the skin, being restrained therefrom, may make its appearance upon the mucus membrane, and the mouth, throat, stomach, and bowels, in fact all parts supplied with mucus membrane are sometimes made raw and sore because that membrane is, in less or greater degree, destroyed, and whatever causes pain, burning, and smarting in the mouth afterward causes similar pain in the oesophagus, stomach, and bowels; which latter are less or more troubled with flatulence and griping pains. There occurs varying de-



degrees of tenderness over the liver and kidneys, the consequence of corresponding degrees of congestion of those organs. The fecal discharges become "clay-colored," or "like dirty water;" there also occurs a bilious rectal diarrhoea with acrid burning and tenesmus, and this diarrhoea may be one of the first effects, and the one for which the doctor was called.

The effects of acrid bile upon all nerve centres is that of an irritant, and when it is carried to the brain the mind becomes affected; the patient does not like to be alone, wants to be in company, becomes restless in mind and body; becomes successively melancholy, irritable, captious, contrary, obstinate, passionate; and most markedly so to nearest and dearest friends; becomes morbidly imaginative; evades the doctor's direct questions and talks about imaginary ailments, insisting that the disease is different from what the doctor declares it to be; becomes more fretful, also suspicious, secretive, and even deceitful: will not follow the doctor's advice; does not take the medicine prescribed, but assures the doctor that he does: will not willingly tell the doctor anything reliable about his or her condition, and forces the doctor to rely, mostly, upon his own observations and what he can learn from the family who now have little or no control over him or her.

Formerly the patient wanted to talk a great deal about the cause of his worry; now, he talks less about that and more about many ailments which, for the most part, have no existence except in his own mind. He thinks other people know better than the doctor, particularly if they agree with himself. A distension of the bowels, which is manifestly tympanitic, is surely a "tumor," and, although it soon disappears, it is a "tumor" again when it recurs. The pulse may be, generally, quite even, although of hardly medium fullness and from 75 to 95 in frequency;

being smallest and hardest when most frequent; the increased frequency being, usually, indicative of mental excitement, and then frequently attended with irregularity of the heart action, which makes the patient sure that he also has "heart disease."

As the degree of renal congestion varies from time to time, so also does the amount of albumen and of bile voided in the urine, which also varies in quantity, density, and color. The patient is still tormented by the bilious diarrhoea, and eventually the gastric plexus becomes in some degree congested, and therefore irritable, and occasional vomiting occurs, which, as the condition continues, becomes more frequent.

The fact that albumen, epithelium, and possibly tube casts are now found in the urine, in connection with the pallor of the skin, and the vomiting, all of which are now present, and with the exception of the vomiting are commonly so present as consequences of congestions in which the kidneys are involved, and, which, considered by themselves, are often termed "Bright's disease, may lead some physicians, without considering the frequent, scanty, burning, bilious diarrhoea which still continues, and knowing but little of the physical effects of the painful emotions, and having no knowledge of the initial stages of the disease in this case, to hastily conclude that the whole phenomena apparent to them, the like of which, in its fullness, they may never before have seen, is caused by Bright's disease," and to treat the case accordingly; then the patient soon dies.

Properly, the symptoms which are indicative of renal congestion, and of degeneration of renal tissue, if there be such should be regarded in connection with all the other symptoms which have preceded and with those which attend them, as due to functional derangements which have

resulted as the effects of that cause which induced the peripheral tension and consequent centralization of the blood, and the cerebral excitement; and the effort should be to abate the centralization by opposing the influence of the exciting cause, and relaxing the peripheral vessels; also, if possible, by clearing the gall ducts, promoting a free flow of bile into the intestines, and eliminating the absorbed bile which has been the cause of the renal congestion, by diaphoresis, and also, when practicable, by diuresis; while at the same time the mind is influenced by proper medication, suitable surroundings, companionship, etc.; but to secure all these desirables will sometimes be beyond the doctor's ability. Philadelphia, Pa.

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### Nux Vomica.

BY PITTS EDWIN HOWES, M. D.

Read at Massachusetts Eclectic Medical Society Meeting,  
June 6, 1903.

It was my first intention to give you an extended account of the medicinal action of this drug, but the interruptions caused by other pressing matters have rendered such treatment, at this time, impossible. I shall endeavor to do so, however, at some future period.

Therefore, my object now is to state, in a short, concise manner, some of the more leading characteristic actions of the remedy.

First of all, let me say that I do not believe you can give nux vomica and strychnine interchangeably. The nux vomica contains besides the strychnine other medicinal ingredients which enter into the results produced by the nux vomica. Who can tell what part these constituents play in the curative effect of the drug?

In the remarks which follow I refer wholly to the use of nux vomica in the

form of a concentrated tincture, as made by Lloyd Bros., Merrill, or Luyties.

The first thing to remember about nux vomica is that it should be given only in those departures from health, which are the result of an atonic condition of the system. Whenever there is irritation, from any cause, it will not only fail to benefit, but, on the other hand, will work positive mischief.

We should never forget that by our mistakes in the applications of remedies we are apt to produce an injury rather than a benefit. This thought should teach us to systematically study the drugs which we employ and give them for their direct and specific effect.

Nux vomica has been a favorite with me from the beginning of my professional life. I do not think there is any other one drug which I have used in the past twenty-two years more frequently.

Perhaps with me the first and most important use has been in connection with wrong condition of the digestive apparatus—especially the stomach and small intestines. Here it acts with a celerity which is gratifying to both patient and physician. Whenever you have a stomach which is weakened by abuse, in any form, the exhibition of the nux will work like a charm. Small doses should be used. I believe, to get the quickest and most lasting results. I rarely prescribe more than v. gtts. to  $\bar{\text{v}}$ iv. of water, giving teaspoonful doses from every half hour to every three hours. The acute cases require the more frequent medication. The addition of a little glycerine, or simple elixir, will aid the nux in its work, but the admixture of heavy syrups should be discountenanced. They add to the burden of the already over-worked stomach and bowels. Many cases of vomiting may be quickly allayed by adding gtts.  $\bar{\text{j}}$  of nux vomica to  $\bar{\text{v}}$ iv. of water and give in teaspoonful doses every ten minutes until the patient has not

vomited for two hours. Then give your 5j doses every half hour for a few hours. Of course you must not forget that if the condition is caused by irritation this method and this drug are perfectly useless. Do not attempt to get from it what it cannot perform.

Nux vomica finds an excellent place in the treatment of many urinary troubles where atony is at the bottom of the mischief. Here a combination with the other indicated remedies will prove beneficial. Simply remember that you are not to add the drug to any remedy which you expect will relieve irritation in any part of the urinary tract. In these deviations I again use the small dose gtt. v., to aqua ʒiv., a teaspoonful every hour or less frequently as the case is more or less acute.

In the various disorders of the reproductive apparatus of the female nux vomica will yield brilliant results. In both amenorrhœa and dysmenorrhœa where the prime cause is one of atony the addition of nux vomica to your indicated uterine remedy will produce gratifying effects.

In labor, where the dificient and long delayed pains act as an obstruction—because of an atonic condition of the uterus—the nux will prove itself an admirable assistant.

In convalescence, where your patient lacks the essential stimulation to put forth the requisite exertion necessary to return to the normal condition, nux vomica added to your tonic will aid matters surprisingly.

In short, wherever you are obliged to combat atony in any form nux vomica will prove itself an efficient helper.

In closing, I wish to add one caution to the use of this drug. Do not use it for too long a period without cessation, of at least a few days. If nux vomica is given continuously for a protracted period you are very apt to get some of the physiological, or poisonous effects of the drug.

## Shall We Use Calomel?

BY R. A. TOMS, M. D.

Among the deep rooted prejudices handed down by the pioneers of the Eclectic School of Medicine, that against the various salts of mercury has probably been the most enduring. The advent and development of specific medication have given us indications for nearly everything in the materia medica, and occasionally we see calomel mentioned, without, however, giving any special indications for its use. Ellingwood in his valuable work on materia medica simply speaks of calomel with reference to the fallacy of its use in the old large dose, and Fyfe mentions the drug without giving any indications. I believe I am safe in saying that nine out of every ten of our recent graduates are using calomel more or less frequently, and until some more convincing argument against its use is advanced than any that I have seen so far I see no reason why we should not use it in properly selected cases and in proper doses. Calomel has been for years and is even now the sheet anchor of our so-called allopathic brethren and it is probably true that in days gone by its use was greatly abused and that it came justly into bad repute among reform practitioners. But because a remedy has been wrongfully used is not necessarily an argument against its use at the proper time and in the proper dose. Calomel is said to stimulate the biliary secretion of the liver and to cause a flow of bile into the intestinal canal, eventually causing catharsis.

With the proper indications present, and administered in small, oft repeated doses, its action is prompt, effective and pleasant, with no bad after effects that I have ever been able to discover.

I believe that today this remedy is too indiscriminately used by the average old school practitioner, a sort of a panacea as



it were, for every and all conditions on general principles, irrespective as to whether there is any special indication for a remedy of its character and action. The specific medicationist readily understands that this is an improper use of any remedy, that there is a proper time to use a remedy and that when used when properly indicated it will produce the desired results. In my own experience I have not found a wide range of usefulness for calomel, but under certain indications have used it quite frequently, particularly in children. When I consider that calomel is indicated my method of administration is as follows: From 1-20 to 1-10 of a grain, according to the age of the child, in conjunction with a small quantity of soda bicarb. and a small amount of socch. lact. administered every hour until effect, followed, if thought necessary, by some milk of magnesia or other saline. In adults the same proportionate dose according to age.

The indications—which I have found more often in children than in adults—are a somewhat coated tongue, slight fever, more or less malaise. The diagnosis—slight hepatic torpor and fermentation following the ingestion of too much rich food. I believe with these conditions present calomel is an extremely useful remedy and one difficult to replace. I have employed it myself with these indications many times, with uniformly good results and no bad after effects.

My objects in presenting this paper have been two fold: First, that while nine-tenths of our practitioners are using this remedy with more or less frequency, they seem to studiously avoid reference to it in their medical writings. Second, to stimulate, if possible a healthy discussion as to the merits or demerits of calomel as a therapeutic agent and to bring out, if they exist, logical reasons for its non-use. Of all schools of medicine eclectics should

be liberal and not reject or condemn without full and free discussion.

Unionport, New York City.

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### **Echinacea Augustifolia.**

BY D. T. POWELSON, M. D.

Read at the Meeting of the Eclectic Medical Society,  
State of Pennsylvania.

Though now a well known drug, echinacea stands peculiarly alone in being essentially a new remedy. Many remedies which have lately been introduced to the profession can be traced back for years and some of them for centuries as having occupied a place in the dispensatory, but we cannot find anything in ancient scientific works in regard to this species of echinacea, we have got to distinguish between echinacea purpurea or black sampson which grows in the eastern States from Pennsylvania west, and the echinacea augustifolia which is an entirely different plant found only in prairie regions and not occurring east of the prairie regions of Illinois and has never been used under the name of black sampson. There is no mention of it in medical literature preceding the papers of Drs. Meyer and King. The first notices concerning echinacea are from eclectic physicians, and the drug is, from start to finish, an eclectic medicine. That which grows in marshy places is of inferior quality. The plant blooms from June to August, it is sometimes known in Kansas as nigger-head, a name derived from the shape and somber hue of its fruiting head. The scientific appellations are derived from physical features of the plant, and are therefore descriptive. The generic term echinacea, is derived from the Greek echinor, meaning hedgehog or sea-urchin, referring to the spiny, hedgehog-like fruiting head; while the specific name augustifolia, comes from the two latin words, augustus (narrow) and folium (leaf), contrasting thereby this species with the other forms of echinacea, this being

the narrow leaf species. The introduction of the remedy into professional practice is due conjointly to Dr. H. T. C. Meyer of Pawnee City, Neb., and the late Prof. John King. Dr. Meyer had been using it for sixteen years previous to reporting it to Dr. King, his claim for it was as an antispasmodic and an antidote for blood poisoning; among his claims for it was also its action as an antidote upon the poison of various insects, and particularly to that of the rattle-snake. Dr. Meyer stated that he even allowed a rattler to bite him after which he bathed the parts with some of the tincture, took a dram of it internally and laid down and slept, and upon awaking all traces of the swelling had disappeared.

The following range of affections were those which Dr. Meyer claimed success for this remedy: Malarial fever, cholera morbus, cholera infantum, boils, and internal abscesses, typhoid fever, (internally and locally to abdomen); ulcerated sore throat, old ulcers, poisoning from rhus, erysipelas, carbuncles, bites and stings of bees, wasps, spiders, etc.; in nasal and pharyngeal catarrh, hemorrhoids, various headaches, acne, scrofulous ophthalmia, milk crust, scald head, and eczema; also colic in horses. Subsequent use of the drug has in a measure substantiated the seemingly incredulous claims of its introducers, for it will be observed that the most of the conditions were such as might be due to blood depravation or to noxious introduction from without the body; the very field in which echinacea is known to display its power. Prof. King's success with it in the following cases: naso-pharyngeal catarrh, in rheumatism (one case being of the articular variety), cholera morbus and cholera infantum, chronic ulcers of the leg (one case of which was complicated with an eczematous eruption of years standing), also in painful chronic hemorrhoids, vaginal leucorrhoea with ulceration of the os uteri, poisoning from poison ivy, stings of wasps and bees

with very extensive swelling, dyspepsia with pain and great distress, aggravated by part-taking of food and long resisting treatment also yielded to it. Prof. I. G. M. Goss reports success with it in mad dog bites, chronic catarrh, chronic ulcers, gonorrhoea and syphilis. Dr. A. Parker, of Wilber, Neb., reports success with it in an apparently hopeless case of septicaemia. Under the old classification of remedies, echinacea would probably be classed as an antiseptic and alterative. Strictly speaking, it is practically impossible to classify an agent like echinacea by applying to it one or more words to indicate its virtues. The day is rapidly approaching when these qualifying terms will have no place in medicine, for they inadequately convey to our minds the therapeutic possibilities of our drugs, especially is this so with regard to such terms as alterative, stimulant, tonic, etc. If any single statement were to be made concerning the virtues of echinacea, it would read something like this: "A corrector of the depravation of the body fluids," and even this does no sufficiently cover the ground. Its extraordinary powers combining essentially that formerly included under the terms antiseptic, antifermentative, and antizymotic, is well shown in its power over changes produced in the fluid of the body, whether from internal causes or external introductions. The changes may be manifested in a disturbed balance of the fluids resulting in such tissue alterations as are exhibited in boils, carbuncles, abscesses or cellular glandular inflammation. They may be from the introduction of serpent or insect venom, or they may be due to such fearful poisons as give rise to malignant diphtheria, cerebro-spinal meningitis, or puerperal and other forms of septicaemia. Such changes, whether they be septic or devitalized morbid accumulations, or alterations in the fluids themselves, appear to have met their antagonist in echinacea, "bad blood" so called, as-



thenia, and adynamia, and particularly a tendency to malignancy in acute and sub-acute disorders, seem to be the special indications for the use of echinacea.

The form of the remedy which I use is echifolta (which is but a clean preparation of echinacea) due to the untiring energy and skill of Prof. J. U. Lloyd as a chemist and pharmacist to whom as eclectics we owe much of our success. Had he united his efforts and skill with our opponents he could have made millions, but not so with a man like Prof. Lloyd; he was willing to take less money and less honor in order to be right. Excuse me for diverging from my subject, but I have to pay tribute to so noble and generous a man as Prof. Lloyd. Now as to my success with echinacea, in order to be more explicit, I cannot do better than to report some of the most interesting cases: Case 1, was that of a little girl 5 years old who had received a cut on the thumb, a week or two previous to my being called. The cut was not very extensive nor considered dangerous at the time. The mother treated it with ointment procured at the drug store, it healing all right, but a day or two after healing it began to swell. I was called and found the child's hand enormously swollen. She was restless, high fever, bowels very loose. I diagnosed it as a case of blood poisoning and wanted to cut the hand in several places, but was refused that right by the mother. I left them echifolta, ounces 2 to water ounces 2, wrapped the hand in cotton and instructed the mother to keep it wet with the solution. Internally I gave echifolta  $\text{5i}$ , aconite gtt. ii, water 3 oz., teaspoonful ever hour. I told them I would call in the morning and if the child was no better they would have to consent to having the hand opened in several places or get another doctor, they readily consented to follow directions. I called next morning and found hand and wrist both badly swollen and very red, could feel the pulsation in

any part of the hand. I immediately proceeded to get things ready to operate and cut the hand in ten places, from each cut escaped a quantity of dirty black blood and pus, after which the same application of echifolta was applied in the same way locally and used internally with aconite, that same day in the evening I found hand and arm enormously swollen above elbow. I operated again, making seven more cuts in the hand at points where pus could be distinguished, used echifolta locally and internally same as before, in 48 hours I could notice a great improvement, continued the echifolta externally and internally for three weeks longer and the child made a good recovery with the exception of the little finger being stiff, and she is to-day a living monument to the virtues of echifolta in blood poison.

Case 2. This case is of particular interest to me. Mr. ——— came in to consult me about an eruption of eczematous nature on the head, it looked very much like dry eczema, and had apparently destroyed all the hair on top of his head. I gave him a local application of echifolta one ounce to three ounces of water internally gave him ten drops of iodide of arsenic four times a day, he continued this treatment three months during which time the scaly eczematous condition disappeared from the scalp and a very fine growth of hair made its appearance. He told me positively that he had not been able to catch hold of any hair on top of his head for five years, now he could catch hold of it with his whole hand.

In cases of furuncles I make a free incision in the part affected and wrap it in surgical cotton saturated with a solution of echifolta and water equal parts and instruct patient to keep cotton wet with the solution until it is all gone, then report to the office. When they do it is very seldom I have to repeat the application as the boil is nearly always aborted. I have never been unfor-



fortunate enough to run across a carbuncle, but if I should it shall receive the same treatment I give a furuncle. I have had considerable success with it in the treatment of varicose ulcers and if persisted in long enough would make a radical cure, and, same in the treatment of venereal troubles whether it be chancre or chancroid, contused and lacerated wounds, ulcerated sore throat, diphtheria, etc.

Gentlemen, these are all unbiased reports made known after careful consideration as to the diagnosis of the disease. I am fully aware that some physicians are very hasty and do not take time to consider the difference in the nature of diseases, they make a hasty diagnosis, use their treatment and it cures. What is the result? They praise it to the skies. A cure that the remedy never made nor never will make, no fault of the remedy, a fault of the physician in his diagnosis. I am well aware of the fact that herein lies the cause of the death of a large number of our best remedies.

Homestead, Penn.

### The Pulse After Delivery.

BY M. AUGSBURGER, M. D.

In an article published in these pages a few months ago, I called attention to the reasons why albuminuria is common in the pregnant woman, giving as grounds the following facts: In every pregnant woman we have more or less mechanical interference with the kidneys, by pressure exerted by the gravid uterus. The kidneys have also extra work forced upon them by the large amount of excrementitious matter which the mother's blood derives from the foetus. Most important of all the causes is found in the blood. I called attention in this article to the altered condition of the woman's blood; that every pregnant woman has more blood than she had in the non-pregnant state, and this is due to an increase

in the watery element, and a corresponding diminution of the red corpuscles. This increase in the quantity of the blood during pregnancy, is responsible for one of the most interesting and remarkable physiological phenomenon met with in the practise of obstetrics.

When the third stage of labor has been completed, we are not satisfied that "all is well" until we can feel the hard, firmly contracted uterus in the lower part of the abdomen, and the pulse rate below 100. It is not necessary to grasp the fundus at this time to determine whether the uterus is contracted or relaxed, the pulse shows us that. If the pulse rate is above 100 we know that the uterus is relaxed, and if below, we are equally positive that there is no danger from post-partum hemorrhage, as the uterus is contracted.

The drop in the pulse following delivery is usually a decided one, depending upon the firmness of the contracted uterus. On account of the muscular exertion of the woman during delivery, while this is going on we always find an accelerated pulse (120-140); but as soon as the uterus is completely emptied and firmly contracted, we then note this remarkable drop in the pulse, from 120 to 90, 80, 70, 60, the firmer the contractions the greater the decrease in the pulse rate; the lowest being recorded by Heil at 36 beats per minute.

It is a well known fact that a rapid pulse after delivery is an indicator of danger, while a slow pulse is an indicator of safety. *Why does the pulse rate drop so low after delivery? And why is the slow pulse a signal of safety?* I have partly answered these questions in the beginning of this paper when I stated "that the increase in the quantity of the blood during pregnancy is partly the cause," and to this I will now add the contractions of the uterus as a factor, for without these contractions there can be no drop in the pulse rate.

When a large amount of blood has been withdrawn from the circulation, there is always an increase in the pulse rate, the pulse becoming rapid and thread-like. The loss causes an increased action of the heart, which must beat faster to make up for the loss. As the pulse rate is increased when there is a diminution in the quantity of blood, we also find the reverse to hold good and that is "the pulse is slowed when the blood vessels contain too much blood"; this is exactly the condition of the circulation directly after delivery.

The uterus during pregnancy has its sinuses filled with blood; it is the filling of these large blood vessels which gives the pregnant woman more blood than in the non-pregnant state. When emptied the uterus contracts firmly, and by so doing closes its sinuses and throws the large quantity of blood which it contained into the general circulation. This accounts for the over distended condition of the circulation during the early part of the post-partum stage, and explains why a slow pulse and contracted uterus go "hand in hand." If, after delivery, the uterus fails to contract, and even allows itself to become further distended, it now draws even more blood from the general circulation, and as a result we have a rapid pulse, an indicator of danger.

Brooklyn, N. Y.

### A Plea for Anaesthetics in Labor.

BY CHARLES E. KECK, M. D., BARNSTABLE,  
MASS.

Read before the Massachusetts Eclectic Medical Society  
June 6, 1907.

I have come to plead for "Anaesthesia in Labor," not only in troublesome instrumental labor, but in all cases where the pains of travail fall upon women.

I offer the following propositions:

1st. Anaesthesia is not used in a fair proportion, in the pains of labor, to its use in ordinary surgical operations.

2nd. It is directly indicated and is more safe in its use to the obstetric patient than to the surgical patient, case for case. In surgical operations an anaesthetic is invoked, often upon the most trivial occasion—from the pulling of a tooth to the capital operation. But granting the horrible nature of induced pain, it is of brief duration; from five minutes to two hours will measure the period of almost every case in which anaesthesia is demanded—the great majority requiring the minimum of time as well as involving the minimum of suffering. In labor cases, on the contrary, pain continues—with intermissions which seem only to aggravate the coming pain—from two hours, as a minimum, to ten to fifty long weary hours of pain which has no other name but agony, and a pain accompanied with suffering which beggars description. In the midst of fasting and sickness the body must labor; weakness and exhaustion plead in vain for rest; with every muscle of the body exercised to its utmost tension, in mortal terror for very life—as in a treadmill—it must labor. On and on, again and again, as the resistless flowing tide, comes the pain. This is a labor scene, the truth of which we all know. Who among us has not heard from suffering women the despairing cry, "I shall die! I shall die, and not live!"? And yet while our hearts have been moved with pity and sympathy, how many of us have failed to give our patient the comfort of anaesthesia—the greatest gift of God, so especially adapted to her need, which alone is able to say to this troubled sea of agony, "Peace, be still."?

But the saddest side of this scene is yet to be considered. Upon whom does this sad visitation fall? Is it upon the stalwart man whose heart, and nerve, and muscle and nature are strong to endure this terrible ordeal, who in long weary years of exposure and training has learned to labor and to suffer? I say, it is the strong



and stalwart of our race who are thus called upon to suffer? Oh, no! Not so! If they must suffer, they must have gas! If a tooth is to be drawn they cry, "couldn't I have a little ether?"

On the contrary, it is the weak, delicate woman, the daughter, perhaps a young creature, whom a kind Providence has shielded from sun and wind, whose sweet, peaceful life has never known a thought of pain, or care. It is this gentle creature, so brave and true, who enters willingly this dread scene of suffering, counting her life not dear for those she loves. She takes the hand of her physician, she believes that she is prepared to bear, but is she? Not so. Language never yet has framed the words which could tell the tale. She is prepared to meet death, if need be, but, suffering more than death, she cannot die. How often have you and I heard her call for death, pray for death, as the terrible reality forced itself upon her astonished consciousness? She is told, "it is all natural. God has ordained it. She can bear it. All women bear it." And so, in her pain and in her exhaustion, she suffers her time. Then why should we sit stoically—I had almost said stupidly—by, as many do, and say, as I have often heard physicians say, "Oh, madam, you are doing all right. Let nature have its way," when all the time nature's way is preparing her for prolonged future suffering, and—in not a few instances—for an early grave? Who says this is right? What husband will stand by and see this, when the fact stands patent before us that—with added safety to mother and child, by the scientific use of the means which the God of nature has placed in our hands—she may be led through this terrible ordeal as though she had only been dreaming? Though all this pain must be submitted to and all this suffering endured, yet the consciousness may the while be

solaced by sweet sleep and the visions of dreamland take the place of stern reality.

I do not believe every physician realizes the importance of controlling pain. Pain may be only a symptom, but it is a symptom that not infrequently ends in death, which may occur in a very short time by rapidly overcoming the vital forces. It seems to be a well recognized fact that patients kept free from pain in peritonitis recover, while those who are allowed to suffer commonly, if not always, die. This is true in other conditions in which pain is a prominent symptom, and is no less true in the lying-in chamber. Here, as elsewhere, pain often determines the life or death of the patient.

Contrasting these conditions we have:

1st. The surgical patient approaches the operating table in varying stages of disease, whereas the obstetric patient approaches her labor in varying stages of health. The surgical patient expects to wake from his sleep with a mutilated body. To wake for him is, at best, to weep. She, on the contrary, looks upon this sleep as the heaven sent haven of rest. On the borders of this sleep she lays her burden down—she wakes to receive her reward, reaping the fruits of her suffering and patience during the long past months in the fullness of joy, such as a mother only can know.

2nd. The surgical patients come subject to the shock of sudden accident, or worn by lingering disease, the nervous system all unstrung. She in the height of highest vitality, for never is a woman's life more perfect than now, her nerves and muscles all braced for the contest for which nature, foreseeing, has been preparing.

3rd. If they have a tendency to anaemia of the brain 'tis greatest now, and chloroform will but intensify the risk. If she have a tendency to anaemia of the brain, 'tis least now, her blood being rich



as possible for her and surging through her brain more rapidly than ever before.

4th. If they have valvular disease of the heart, requiring highest vitality of system to keep in regular action, how is this vigor lessened now, how great is the tendency of chloroform still further to increase the demand. Whereas when she comes into labor with valvular disease, instead of previous exhaustion and debility, her heart is stimulated by her condition, excited by her surrounding circumstances, by every act of preparation, by every hope. Urged to its utmost power by constantly recurring pain, by the violent muscular effort, its danger is from over action, from over exertion, lest its walls, or its valves give way. How appropriately here comes in the soothing, sedative influence of the anaesthetic, quieting the excitement, subduing the pain, lulling into gentle slumber. The scene of labor is gone, the heart resumes a normal pulsation, safe, under proper care. Even in uraemic poisonings, with the threatened convulsion—that night-mare of the obstetric condition—let the onset be anticipated, let the nervous irritability be lost in quiet repose, and the time for spasm may pass unheeded, the signal may never be given. I appeal to the experience of the profession; does any one know of an instance in which a patient has passed from a state of proper anaesthesia into convulsions? For myself I never saw it; on the contrary I have seen the threatened spasm abort and never return.

It is the habit of the profession, after the onset of convulsion, to fly to chloroform. Why should not the earlier use of the same altogether prevent the spasm?

Now, while the pains in the ordinary surgical operation and in the parturient condition may be equally unbearable, and equally require anaesthesia, the cause and condition of the pain vary absolutely. In the former we have the flesh incised, the

nerves divided; it is a concentrated, localized pain of great intensity. To subdue the knowledge of this pain requires absolute stertorous anaesthesia. On the contrary, in labor there is no sudden division of the continuity of any tissue. This is the pain of horrible cramp. It is the pain of the muscular contraction, the resistance of muscular tissue against inordinate distention. And yet under a very light anaesthetic effect, long before the stertorous breathing announces profound anaesthesia, the muscles relax, resistance ceases, the parts distend to their utmost capacity, while the consciousness is lost in a dream. It will be remembered by all who administer anaesthetics that the test as to condition for operation is, that the delicate and sensitive cornea may be touched with the rough finger end without causing a sensation. Such a condition should be unknown in the obstetric chamber. The stage of anaesthesia most desirable and safe in labor cases is that rare and beautiful condition in which pain is absent and yet consciousness is not lost. It can be obtained as well as maintained. A good method for inhalation is, the chloroform may be dropped upon a handkerchief placed in the bottom of an ordinary goblet, which the patient may use herself at will—the anaesthetic always coming away with the hand and glass as soon as it becomes sufficiently effective to abolish the voluntary muscle sense. Then just as the patient exclaims, “quick, quick doctor, here comes a pain!” sprinkle a drachm of chloroform on the handkerchief in the glass, and after two or three rapid inhalations the pain will exhaust itself, our patient is in comfort, and labor progresses and terminates naturally. No vomiting, no drunkenness, no cessation of pain; labor is not hindered but rather hastened by the anaesthetic. I never saw the arrest of labor pain from the use of chloroform. I believe such never occurs in the proper

use of anaesthesia, the law of which is never to allow a stertorous sleep, the accidental occurrence of a snore being the prompt, urgent signal for withdrawing the anaesthetic. Arrest of labor means excess of anaesthesia.

The question as to the safety of anaesthesia in labor involves, besides the foregoing, the question of its effect upon the child. If its delicate life be endangered, then falls the entire argument. I have no hesitation in asserting the contrary because of the following reasons. It stands upon record, that, in one case, before instruments were applied, a woman had inhaled three pints of chloroform, and, as a consequence, not only was the babe still-born, but it was so saturated with chloroform that its body was preserved in color, form and feature, during three days, in hot weather, without ice. I mention this case to show that a woman in the obstetric condition could scarcely be chloroformed to death. If the mother's blood may be so saturated with chloroform that after passing through the placental vessels it shall retain sufficient chloroform to so preserve the tissues of the child and yet the mother live, all arguments against its safety to the mother must fall. And if a mother can, to a limited extent, impart the anaesthetic effect to the babe in utero, in mercy's name, let it be so, and let the child be spared the pain which it must suffer in coming into this world. We have numberless instances of young babies inhaling chloroform. This is acknowledged to be the anaesthetic for babes, and reaction is prompt after they have been kept hours under its influence.

Boston, Mass.

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Expectorants in infancy, it is the belief of many, are seldom if ever indicated, where other measures, counter-irritation, inhalations, etc., can be carried out.—*Summary.*

## LETTER TO THE EDITOR.

July 23, 1903.

TO THE EDITOR OF ECLECTIC REVIEW:

Dear Sir: I have read with much interest an article in your issue of May 15 on "Practical Hints on the Power of Suggestion" by J. Thornton Sibley, A. M., M. D. Since that article makes repeated references to Christian Science, I ask for the privilege of showing wherein the teaching and practise of that science differ completely from any teaching or practise which might come under the designation of suggestive psycho-therapeutics, as commonly understood. It is not my purpose to touch upon the various curative systems enumerated in the article in question. I do not feel competent to say anything of special value to your readers on the subject of eclecticism, homeopathy, allopathy, hydropathy, electricity or the Kneipp cure. But it is a matter of interest that Dr. Sibley, referring to those systems, should give it as his opinion that "there is a certain amount of potent suggestion in all of them," thereby showing a measure of agreement with the author of the Christian Science text-book, "Science and Health With Key to the Scriptures." In this book Mrs. Eddy states concerning the action of material methods of remedy:

"Belief is all that ever enables a drug to cure mortal ailments" (p. 174).

"Erring mortal mind confers the only mental power a drug can possess" (p. 157).

"A physician of the old school remarked 'with great gravity: 'We know that mind 'affects the body somewhat, and advise 'our patients to be hopeful and cheerful, and to take as little medicine as 'possible; but mind can never cure organic difficulties.' The logic is lame, and facts contradict it. The author has 'cured what is termed organic disease 'as readily as she has cured purely func-

"tional disease, and with no power but "the divine Mind." (p. 149).

I am not surprised that Dr. Sibley should write in his article that "Suggestion has a limited field". There is no doubt that there is a distinct limit to the effect of the human, mortal mind in trying to impress its will upon other minds. Even when systematically educated, trained and practised, will-power soon reaches its culmination, for it is apt to defeat its own ends and to prove injurious alike to operator and subject. Whether under, the form of animal magnetism, mesmerism, hypnotism or suggestive psycho-therapeutics, this force is human, prone to err, and when its final effects are watched, proves to be the very antipode of Christian prayer. The Christian Science textbook states the case thus:

"You will also learn that in Science "there is no transfer of mental suggestions "from one mortal to another; for there is "but one Mind, and this omnipotent Mind "is reflected and governs the entire universe. You will learn that in Christian "Science the first duty is to obey one God, "to have one Mind, and to love one another." (p. 496).

If, instead of any supposed "suggestion" we remember that the still small voice of God (Spirit) rebukes the false beliefs of sin and sickness and affirms the omnipotence of good over evil of every sort, then it is possible to conceive of this power as being unlimited and universally beneficial. The proper term to use in Christian healing, therefore, is spiritual understanding. Jesus said, "Ye shall know the truth, and the truth shall make you free" (John 8:32). It is the knowing of the truth in regard to God and man and the universe, which makes free from sin and sickness, and this knowing is the Science of Christianity or Christian Science. The modus operandi of the Christian Science treatment, therefore, consists in knowing and

realizing the truth. Hence, also, the Christian Science treatment can only do good, and the Christian Science practitioner does not consider himself as the healer of the sick and sinful, but knows that the understanding of God as omnipotent, ever-present and omniscient good does heal the sick, reform the sinner and bring surcease from sorrow.

Thanking you for your courtesy, I remain,

Yours truly,

W. D. McCrackan.

## Therapeutics

Edited by

JOHN WILLIAM FYFE, M. D.

All articles for this department should be sent to Dr. J. W. FYFE, Saugatuck, Ct.

### Geranium Maculatum.

This plant is generally known as cranesbill and geranium, and by several other common names. It is frequently employed in the treatment of dysentery, and with more marked success than is usually obtained from astringents. It has been deemed of value in all of the different stages of the disease, although a rational treatment would seem to demand that the bowels should be relieved of their morbid contents previous to its exhibition. When the discharges from the bowels are profuse, the skin hot, dry and constricted, and the tongue and fauces red, parched and inflamed, this medicament is capable of rendering an invaluable service. Not only in dysentery is it of value, but in all forms of bowel complaints attended with spasmodic pains—whenever astringents are indicated—its curative power is unmistakably manifested.

In hemorrhage from the bowels, stomach, kidneys and uterus, geranium exerts a checking influence of a considerable power, and in passive hemorrhages in general it



has proved itself of great utility. In hemorrhage it may be administered both as an internal medicine and as an injection. When used as an enema it may be added to starch water. Many cases of dysentary have yielded to injections of geranium after various remedies given by the stomach had failed to secure the desired result.

The diarrhoea often occurring in the latter stage of phthisis pulmonalis is more readily controlled by geranium than by most other means, and it is credibly reported that the vomiting in cholera has been checked with this agent after many other remedies had failed to do so.

Leucorrhoea, gleet and other affections of the mucous surfaces are improved, and frequently cured, by geranium. In these cases it should be employed both internally and locally.

Externally this agent constitutes an efficient medicament in a variety of abnormal conditions. The apthous sore mouth of infants can usually be cured by a wash made by adding half of a drachm of specific geranium to four ounces of water. It should be used warm. The same prescription constitutes a good application in chafes, sore nipples and otorrhoea. Geranium, largely diluted with water, also makes a valuable application to most bruises. A thick piece of absorbent cotton applied to "black eyes," and kept saturated with the dilution, will soon remove the unpleasant discoloration and swelling.

The most prominent indications calling for geranium are as follows: Diarrhoea, with constant desire to go to stool; chronic diarrhoea, with mucous discharges; conditions attended by profuse mucous discharges; relaxation of the mucous surfaces of the pharyngeal cavity; hemorrhages; diarrhoea of the latter stage of phthisis pulmonalis; vomiting of cholera infantum; leucorrhoea and gleet. Locally: Bruises of various kinds.

The dose of specific geranium (or a good

fluid extract) is from 5 to 60 drops, but ordinarily its best effects are obtained by adding from thirty drops to four drachms of the specific medicine to four ounces of water and administering one teaspoonful of the mixture every hour to every three hours.

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### **Rhus Glabrum.**

This shrub is well known by the common names of Sumach and Upland Sumach. Many physicians regard it as one of our most valuable astringent tonics. It exercises an influence over mucus membranes which favors functional activity, and it, therefore, many times constitutes an invaluable medicament in the treatment of various forms of disease affecting mucous surfaces. As it possesses marked antiseptic properties, this agent is especially valuable in these diseases when there is manifested a tendency to putrescency.

In many cases of dysentery and diarrhoea this remedy will render an important service in restraining and toning the action of the bowels, after they have been relieved of all irritating accumulations, and the other abnormal symptoms removed by the indicated remedy or remedies. As an enema it is of exceeding value in dysentery, and also in rectal hemorrhage. In the diarrhoea of typhoid fever, and in all cases where a putrescent tendency is manifested, it has been found a reliable medicament.

The various forms of stomatitis afford a wide range for the employment of rhus glabrum, both as an internal and local remedial agent. In the treatment of apthous affections of mucous surfaces it is also efficient. In leucorrhoea it is a favorite remedy, and in the treatment of gonorrhoea it is often of great utility.

In scrofulous conditions—particularly in cases in which the mucous surfaces are involved—rhus glabrum frequently constitutes an essential part of a successful treatment.

*Rhus Glabrum* is classified as an astringent, tonic, diuretic and antiseptic. Among its prominent indications are to be found the following: Putrescence of excretions, with a tendency to ulceration as in typhus and typhoid fevers; dysentery, diarrhoea and leucorrhoea. Locally: As a gargle and local application to soft, spongy gums, aphthae and pharyngitis; as an enema in dysentery and rectal hemorrhage.

The dose of *rhus glabrum* is from 1 to 15 drops of the specific medicine.

### **Anemopsis Californica.**

*Common Name.*—Yerba Mansa.

*Natural Order.*—Saururaceae.

*Description.*—This perennial herb has an erect stem about a foot in height. At the middle of the stem a few short slender branches are produced at the axis of a large clasping leaf. The leaves are entire, oblong, of a firm leathery texture, from two to four inches in length and about half as broad, and are mostly at the base of the stem. Unbranched stolons, from three to six feet in length, are also sent out from its base. They are of rapid growth, and produce roots and clusters of leaves which the following year become separate plants. The flowers are small, and are borne in a thick, dense spike which has at its base six petaloid leaves. The seeds are small and light brown in color.

*Dose.*—Fluid extract, 5 to 60 drops.

*Usual Dose.*—10 drops in syrup every three or four hours.

*Indications.*—Bronchial cough; colds, catarrh and sore throats; bronchial and pulmonary diseases; diarrhoea and dysentery; gonorrhoea, with profuse discharge; malarial fever; syphilis. Locally: syphilitic sores; catarrh, sore throats and colds.

One or two drachms of the tincture of this drug added to four ounces of water makes a good nasal spray. A teaspoonful of the same mixture may be given internally

every three or four hours. A strong infusion of the plant constitutes an efficacious application to saddle and collar galls on horses.

*Anemopsis Californica* is tonic, stimulant, astringent, carminative and antiemetic.

### **Poisoning.**

(Continued from page 199.)

#### **POTASSIUM IODIDE OF.**

*Diagnosis.*—In iodism, or chronic poisoning by this drug, there are signs of irritation of the alimentary canal, an eruption, frontal headache, dryness and irritation of the throat, pytalism, discharge from the nose and eyes, with reddening of the nostrils and eyelids. In some persons very small doses will cause the foregoing symptoms.

*Treatment.*—In acute poisoning by the iodide of potash vomiting should be encouraged, and if necessary emetics given. Gruel, arrow-root, boiled starch, flour and water, or whatever starch-like substances are at hand, are also indicated. This mode of treatment should be continued until the matters vomited are of their natural color; for as long as any iodide remains they will be of a blue or bluish color, iodide of starch being formed.

For iodism, or chronic poisoning, it is usually enough to discontinue the drug, and use a weak solution of the chlorate of potash as a gargle for a short time.

#### **POTASH, NITRATE OF.**

Saltpetre (nitrate of potash) is a very dangerous poison. One ounce is regarded as a fatal dose. It has caused death in two hours.

*Diagnosis.*—There is severe pain in the epigastrium, vomiting and diarrhoea, trembling of the limbs, scanty urine and collapse.

#### **POTASH, SULPHATE OF.**

The sulphate of potash has caused death in two or three hours, when taken in a large dose.

*Diagnosis.*—Sever pain in the stomach comes on as soon as the poison is taken, and there is also vomiting and the usual symptoms of an irritant poison.

POTASH, BITARTRATE OF.

Cream of tartar (bitartrate of potash) has caused death within forty-eight hours. The quantity swallowed was about an ounce and a half.

*Diagnosis.*—The symptoms presented in poisoning by this agent are those which characterize poisoning by irritants, viz: pain in the stomach and bowels, faintness, purging with straining, discharges tinged with blood, pulse feeble and irregular, and cold skin. There is also paralysis of the lower extremities.

POTASH, SULPHURET OF.

This agent has caused death as an irritant poison.

*Diagnosis.*—The symptoms show that an irritant has been taken in poisonous doses.

*Treatment.*—No antidote to saltpetre, sulphate of potash, cream of tartar or the sulphuret of potash are known. Vomiting should be promptly produced, or the stomach pump may be used. Demulcent drinks and ice should be freely given, and soothing applications made to the abdomen.

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### High Fever.

Dr. W. E. Boyer, in expressing the opinion that in the treatment of disease too much attention is given to the temperature, says:

"It is in accord with the doctrine of general medicine that sure death stalks in a high fever, and that it must, therefore, be reduced at all hazards and costs. Antipyretics and febrifuges, from acetanilid to antipyrin, all of the coal-tar derivatives on one side, to all of the compound proprietary antis, warranted not to depress the heart, upon the other, (and the eclectic usually not forgetting his veratrum viride in adults, and

aconite in children, is imbued with the same antipyretic idea) are given until that temperature drops. What is the cost and consequence? The patient drops too, and then begins another fight. But it is of a different nature. Before it was with the use of sedatives, and now it is with the stimulants. Digitalis, ammonia, whiskey, oxygen, everything is given to keep the patient from slipping down and out; and too frequently he gets away, as evidenced by the fact that for about eight months of each year the death rate from pneumonia, especially throughout the northern part of the United States, greatly exceeds that of the 'great white plague'—consumption. In our opinion it is the drug treatment that kills. The administration of depressants to reduce fever, then the over-stimulation. In pneumonia depressing drugs kill their thousands, while in an effort to overcome their depressing effects, other thousands are slain. Temperature in pneumonia, as in typhoid fever, should not be combatted unless it reaches such a degree that it will of itself produce great functional disturbances or organic change, etc., that may lead to death. Then only does it demand treatment. It is at all times a symptom, and the cause lies back of it, and when the latter is removed or met by treatment, the fever disappears with it."

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### Cocainism.

The *Philadelphia Medical Journal*, in referring to the deplorable and rapid increase of victims to the habitual use of cocaine, says:

"It is doubtful if the slavery of any drug addiction equals in its thralldom that exerted by cocaine. The drug began to be used extensively consequent upon the studies of von Anrep and Karl Koller in the early eighties. Many a hay-fever sufferer has been aware of what Wood has called the peculiar delirious beatitude following its application, and the efforts to cure other drug



habits, such as morphinism, by its use, have resulted only too often in making the patient a slave to both drugs. In the average case the symptoms of cocaineism are ushered in with disorders of digestion, loss of appetite, salivation and emaciation. It is, however, upon the central nervous system that the chief pathological effects are exerted, and these are said to be a degeneration similar in character to that produced by the continuous use of morphine. A most dramatic picture could be drawn of the chain of symptoms to which the victim will soon fall heir. Insomnia, tremors, sometimes convulsions, hallucinations, and even delirium and insanity are often encountered, in conjunction with various paraesthesias.

Cocaine is by far the most seductive, the most dangerous and the most debasing drug known to mankind to-day. It is worse than morphine in its enslaving power, in the rapidity with which it obtains control of its victims, and in its ruinous effects. It is even worse than alcohol when it becomes the agent of social debauchery. The fact that this drug is now established in its malign influence among thousands of the poorest inhabitants of a large city, is cause for genuine alarm, and should be the signal for prompt and radical action. In one city (Pittsburg, and probably others) the cocaine habit has become a sort of popular craze; the lowest and most ignorant, and hence the least resistant, classes of the people have taken to this appalling habit with absolute abandon; some of the druggists are conniving at this business from the basest commercial motives; and some stringent law is required to check this rapidly growing popular vice. One Pittsburg druggist acknowledged that he sold some 24,000 grains a month, which figures out a profit of \$6,120 a year."

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For frequent micturition, the *Surgical Clinic* recommends hyoscyamine, 1 250th grain every hour.

### Sulphonal and Trional.

Dr. H. C. Wood, Jr., after a thorough study of the poisonous effects of sulphonal and trional, says, in substance, that the increasing frequency of chronic sulphonal poisoning has made only too many physicians practically familiar with the symptoms of this fatal intoxication. The first signs are, unfortunately, so *unsuggestive* as to often escape notice *until the patient's death warrant is read in the blood-red urine*. The premonitory symptoms of nausea, general lassitude and weakness, diarrhoea or constipation, which, if understood, might serve as a warning in vigorous subjects, do not occur in neurasthenic women, the very class which furnished the majority of poisoning cases, and attracted the attention of physicians. In advanced stages there is a greater uniformity in the symptoms. Colicky pains, vomiting and absolute constipation—which is difficult to overcome by the most heroic measures. There are grave changes in the nervous system. The weakness becomes a paralysis, sometimes more or less general, but usually confined to small groups of muscles. There is pronounced ataxia of legs and arms, and finally the port wine urine, due to hematorporphyrine, of high acidity, and later albuminous.

Of twenty cases of sulphonal poisoning reported, seventeen had a fatal termination. In nine cases of trional poisoning, three died.

The symptoms of trional poisoning, while not less dangerous, are more insidious than those of sulphonal, and are less apt to be observed until its effects are irremediable. They resemble those caused by sulphonal, but with certain differences, and usually occur in the following order: Headache, giddiness, staggering gait and paralysis, even to loss of control of sphincters, and almost loss of power of motion.

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Chloral hydrate is an excellent sedative.  
—Summary.

### Arsenite of Cuprum.

Cholera infantum, acute enteritis, cholera morbus, dysentery and diarrhoea, in their different stages and varieties, present numerous indications for remedies. Fortunately our materia medica is rich in remedial agents well adapted to the needs of these intestinal wrongs. Still, cases are met with which well nigh exhaust our resources. It is wise therefore, to not only keep our constantly needed remedies well in hand, but it is also well to frequently re-study such other drugs as may possibly carry to a successful termination an unusual case. Among these latter remedial agents the arsenite of copper may be suggested. Its principal indications are as follows: Sensation of great weakness in the stomach, with nausea; copious stools, black or bloody, with tenemus and prostration; violent projectile vomiting of serous fluid; watery fecal and mucous diarrhoea, with constant uneasiness; burning distress in the abdomen as though the intestines were knotted; choleraic diarrhoea, with severe cramps and clonic spasms of the voluntary muscles; severe cutting pain in the abdomen, with watery diarrhoea; retching and vomiting, with feeling of fullness and distension of the stomach.

### Neutralizing Mixture.

In his *Practice of Medicine*, Dr. Wooster Beach, the father of Eclecticism, under the caption of Dysentery, says:

"In the cure of the ordinary forms of dysentery, such medicines must first be given as will cleanse the stomach and bowels, and astringe and restore their tone, but cathartics should never be employed. To fill these indications, there is no compound so valuable as the neutralizing mixture; it has a specific effect which no other known remedy possesses. \* \* \* \* This medicine in a short time entirely changes the complexion of the disease; it relieves the spasms and

tenesmus; corrects and lessens the fetid discharges, and, in short, brings about a healthy action throughout the whole extent of the intestines."

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The *Homoeopathic Journal of Pediatrics* says that antimonium tartaricum is especially indicated in suppressed eruptions, and adds:

"This remedy is of especial value when the eruptions of scarlatina, measles or variola do not come out properly; along with this suppressed eruption, the patient has dyspnoea, and this symptom is an important one in the selection of the remedy. The face is bluish; child becomes more drowsy and twitches occasionally. Perspiration becomes very difficult. From the above symptoms we know that the case is becoming desperate; but this remedy, if given, will bring about a rapid change, bringing on the eruption, and by doing so save the child."

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Dr. L. G. Doane says that "many a patient having peritonitis has perished after the administration of a cathartic. You will see these poor patients with legs flexed and in great pain, so great that the legs cannot be placed in a natural position. If you give one of them a cathartic, you will have a corpse on your hands."

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Ammonium carbonate, says Dr. Woodward, is an absolute specific for habitual epistaxis, regardless of the cause, the frequency of the attacks, or their severity. Two grains every ten minutes will stop the flow quickly during the attack. To correct the tendency and overcome the habit, two grains should be given from three to six times each day.

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Dr. Elmer H. Copeland recently reported

a number of cases of infantile scurvy. He says that orange juice and the juice of raw beef constitute a very important part of the treatment of this very frequently overlooked abnormal condition.

## Society Meetings

### Southern California Eclectics Meet.

The Southern California Eclectic Medical Society met at the Hotel Westminster, Los Angeles, on June 3, 1903, the association convened at 10.30 with Dr. O. C. Wellbourn in the chair. The usual routine business was transacted and the society adjourned until 1 P. M., on reconvening Dr. E. R. Harvey, of Long Beach, read a paper on Fecal Toxemia. This subject elicited considerable discussion, Dr. B. R. Hubbard, of Los Angeles, took up the subject of fractures and luxations. He dwelt at length on the Lorenz operation for congenital dislocation of the hip.

Dr. O. S. Laws, of Los Angeles, read a paper on specific medication. Dr. Laws is one of the oldest eclectics in southern California and handled his subject with rare skill.

Prof. E. R. Freeman was present and gave a very interesting talk. He has lost none of his interest in eclecticism, and we all expressed the hope that he may be able to attend our meetings in the future.

Drs. H. Ford and W. Byrd Scudder, sons of the late John M. Scudder, were also guests of the association. Dr. Byrd Scudder spoke at length on the subject of la grippe and pneumonia and their relation to tuberculosis. Although not enjoying the best of health Dr. Scudder has lost none of his zeal and energy so characteristic of his work in the lecture halls. A banquet was given in the evening with plates laid for fifty, and Dr. L. A. Perce, of Long Beach, as master of ceremonies.

A number of toasts were proposed and

responded to, chief among which was the report of the progress of the German Deaconess Hospital by Dr. Wellbourn, which was well received and heartily endorsed by all.

The officers for the ensuing year are as follows: President, Dr. Hannah Scott Turner-Pornona; vice-president, Dr. R. B. Hubbard, Los Angeles; treasurer, Dr. J. A. Monk, Los Angeles; corresponding secretary, Dr. A. C. Crauce, Pasadena; recording secretary, Dr. E. R. Harvey, Long Beach.

Regret was expressed at the unavoidable absence of Professors Russell and Ketchum.

E. R. HARVEY,  
Secretary.

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### Ohio State Meetings.

The Ohio State Eclectic Medical Association held its annual session at Hotel Victory, Put-in-Bay, O., July 14 to 16.

The attendance was good, and the amount of work accomplished, as well as the high character of the same were matters of congratulation.

The election of officers resulted as follows: President, W. E. Postle, M. D., Columbus; 1st vice-president, B. W. Mercer, M. D., Tiffin; 2nd vice-president, M. H. Hennell, M. D., Coshocton; recording secretary, J. P. Herbert, M. D., Bellefontaine; corresponding secretary, C. G. Smith, M. D., Cincinnati; treasurer, R. C. Wintermute, M. D., Cincinnati.

The next meeting will be held at Hotel Victory, Put-in-Bay. The association voted to ask The National to meet at this famous resort in 1905.

J. P. HERBERT, M. D.,  
Secretary.

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Strychnine is an excellent remedy for uterine hemorrhage from atonicity or inertia. It may be given in advance if such a condition is anticipated.—*Summary.*



## Query Department

Conducted by  
PITTS EDWIN HOWES, M. D.  
Boston, Mass.

All communications for this department should be addressed to PITTS EDWIN HOWES, M. D., 703 Washington Street, Dorchester District, Boston, Mass., and must be received by the 28th of the month in order to be answered in the next number of the REVIEW.

C. L. H.—During the hot season the sudden changes which so frequently occur, are apt to produce wrongs of the digestive apparatus, especially the stomach and bowels. What can you suggest along the line of treatment? First, educate your families along the correct lines of diet. Show them the folly of eating too largely of an animal diet during the summer months. Help them to understand the need of a diet that is composed largely of vegetables, some fish, plenty of milk, cream and fresh eggs, with wholesome bread.

Second, instruct them along the line of adapting their wearing apparel to the atmosphere. Many times the sudden change in the weather finds a person improperly clad and a chill to the internal organs with sickness the result.

In most instances proper attention to the diet and clothing will prevent much of the summer sickness. The cases that present themselves must be treated according to the indications presented. Sometimes the dirty, white, pasty coat on the tongue calling for sulphite of soda is the all important indication. Again the colicky pain which is manifestly present in the smaller intestines reminds us of the dioscorea and colocynth. Those who have not used the mangifera indica in sudden onslaughts of diarrhoea—the result of a chill—will be especially pleased with the trial of this drug. Occasionally a little nux and capsicum intelligently

used will produce the most happy results. In these six remedies then—sulphite soda, dioscorea, colocynth, mangifera, nux, capsicum—we have the means of successfully combating many, if not all, of the so-called summer diseases.

H. G. D.—Is there any special diagnostic symptom of the invasion of diphtheria beside the “Leoffler bacillus”? I once heard a very close observer make this statement, which my observation has proved to be true. “Whenever the uvula and the parts adjacent to it are covered with a greyish white exudation you may be sure that you have to contend with a case of diphtheria. Until that symptom manifests itself you *have not* a case of diphtheria.” It is worth remembering.

## Selections

### Treatment of Bunions.

Much more can be done for this painful affection than most text-books mention or physicians practise. In the early stages, before the bony structures have become deformed, the soft parts may be brought to their normal healthy condition, and even extensive osseous change may be remedied without operation. A shoe with a straight inside border and rounded toes, which will be roomy enough to give free play to the foot, is a necessity. The deformed toes may be drawn inward by passing a strap of adhesive plaster between the first and second toes, around the phalanges of the first and then carrying it along the inner border of the foot and around the heel to the centre of the outside, where it is held in place by circular bandages around the foot. Cotton wool pledgets are worn between the first two toes. Pockets may be made for the first toe and for the heel, and then attached by a strip of elastic along the inner side of the foot. Metal sole plates and “bunion springs” are of service in many cases, and may be

obtained from any instrument dealer. If the case has not passed beyond the primary stages of effusion and thickening, it may be treated by repeated applications of mild blistering agents, like tincture of iodine, fly blisters, or nitrate of silver (a drachm to the ounce). A wet dressing of lead water and laudanum makes one of the best agents to reduce inflammation and relieve pain. Frequent hot foot baths aid any of the treatments greatly.

If the case fails to yield to warmth, constant elevation of the foot and the above measures, operation may be considered. The confinement incidental to the operation is its worst objection, as it is generally successful if properly done.—*Med. Council.*

### Serious Infection Following Puncture, Laceration, or Contusion of the Finger or Toe.

BY THOS. H. MANLEY, M. D., PH. D.

I have been peculiarly struck by the large number of very grave cases of "white erysipelas" or widespread and intensely acute phlegmonous inflammation, following comparatively trivial injury in all instances, which came under my observation in dispensary and hospital practise during last December and January. The infection was of a most virulent type, spreading rapidly up the forearm from wounds of the fingers.

In one instance a hearty, vigorous man sustained a puncture in the pulp of his index finger from a penknife. He gave the matter little attention until four days later, when inflammatory changes extended up into the hand; four days subsequent to this he declined the drastic resources of surgery appropriate for less dangerous cases. A week later when septicemia was present an amputation at the shoulder-joint was offered as his only hope, but he died the same night with nothing being done.

An important question in connection with this class of cases relates to the causes in

operation which initiate these grave pathologic changes. Are they purely local and solely dependent on the virulence of some specific germ or toxic substance forced into the tissues at the time of accident? They evidently are not; the microbe is certainly on the ground, but the way must be prepared for it.

We note that this class of cases occurs, by all odds, more frequently in the winter and spring seasons, and that in some years such cases occur in greater numbers than others, at about the time when carbuncle, felon, and their next of kin, erysipelas, are most in evidence.

The late Sir James Paget, in writing on infection at autopsies, expressed his belief that the state of the system of the poisoned individual was, without doubt, a factor; that the degree of tolerance or immunity from time to time varied. Early and active treatment can stamp out the lethal element in operation, in every instance, as delay, or lack of skill or nerve, means very serious consequences to the afflicted.

Let us first fasten the fact in our mind that the early changes are always local, that the lymph ganglions constitute powerful defenses against systemic invasion, and that when toxic absorption, by the circulation, is in small doses it will be neutralized by the plasma or oxidized in the pulmonary organs.

The first tissues seized on by the lethal elements in operation here, are the cutaneous and connective, precisely the same as we find in genuine erysipelas; and clinically, it only differs from it in the absence of the lobster redness and metastatic invasion. Lymphangitis is always well pronounced; but the real mischief only begins when the vascular supply is compromised. Vaso-motor paralysis is always an early phenomenon, and however a case may terminate, the pathologic feature is slow to yield.

The surface and subcutaneous veins are the seat of inflammatory changes, and hence there is a widespread stasis in the capillaries



and vesicles. This stagnant state permits of serious effusion and widespread edema. The tissues are in a condition of incipient asphyxia; the agonizing distress of the patient at this stage is nature's monitor of danger; it is the cry of the terminal nerve filaments for fresh blood. Let us beware, then, of the free use of narcotics at this juncture. From the capillaries there is a propagation backward into the arteries of septic invasion, and once their intima is seized on marked changes spread rapidly toward the body, embolic occlusion of the main trunks preceding. The enormously distended, engorged limb, in advanced cases, is supersaturated by a most virulent substance; the blood-vessels, notably the veins, are overcharged with the putrid products of infective changes. By a salutary provision of the economy their walls are paralyzed and their contents motionless, still, and stagnant.

An insight into the pathology clearly suggests the line of attack: it must be local, *i. e.*, applied to the limb involved, or its appendage when we are only assured that its vitality is intact. Nothing less than the free use of the scalpel will suffice; the limb must be freely exsanguinated in the areas of the greatest distention; the tissues must be disinfected; and here, in my opinion, comes in one of the most valuable discoveries of modern times, the Powell-Phelps mode of directly charging the tissues with pure carbolic acid, to be displaced and neutralized by strong alcohol.

In one of my own cases that seemed to carry a forlorn hope, through two very large incisions, carried down to the bone shafts, and after freely dividing the muscle-sheaths, four ounces of pure phenic acid was injected; then, after a moment, squeezed out and followed by pure alcohol. The local and systemic changes resulting were most salutary. After this is done, the very warm emollient dressings, heat and moisture, free drainage, and rest are ordered.

After operation—for this is a radical surg-

ical procedure—the patient is in a state bordering on collapse. For this opium is invaluable, the pure resin, in pill or powder; hot drinks, coffee, tea, fresh beef juice, soups, milk and eggs. After the temperature falls small doses of calomel, quinin, Huxham's tincture of cinchona, or other bitter tonic may be given with advantage.

Recovery is slow; in some cases there has been most destructive waste of muscle, with widespread, intermuscular deposits of inflammation, so that in various groups of muscles there follows diminished contractile energy. The appendages—the fingers, the hand and wrist—over a long period remain stiff and weak; in some rare instances this impairment in the function of the limb remains permanent.—*American Medicine.*

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### Pleurisy.

In aspirating for pleurisy with effusion, cough usually begins after a fairly large amount of fluid has been withdrawn. It may serve to some extent to break adhesions, and in moderation may be beneficial. But if the cough begins very soon, and interferes with the removal of a sufficient amount of fluid, measures must be taken to stop it. The needle may be withdrawn, and the operation repeated next day, after a moderate dose of opium has been given to quiet nervousness. Better still, leave the needle in place, shutting off the stop-cock, and tightly bandage the chest with a broad bandage, pulled more tightly as the fluid is removed. This strong support to the chest will usually stop the cough, and is a good routine measure to adopt in all cases of pleuritic effusion.—*International Jour. Surgery.*

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### Resuscitation by Massage of the Heart.

The experiments of Dr. R. C. Kemp, a distinguished surgeon of Boston, Mass., wherein he showed that dogs could be resuscitated after being dead for eighteen



minutes, are of importance in many respects, especially in connection with a determination of the exact time that absolute death occurs after the circulation has apparently ceased. It was evident, of course, that the animals were not actually dead, as revivification would have been impossible.

One or more of the vital organs may cease to act for a limited period, as, for instance, in the case of temporary suffocation, and the subject may be eventually restored by artificial respiration.

So long as the blood does not take on those chemical changes that initiate coagulation and subsequent putrefaction of tissue there is hope that life may be saved. In those cases in which the breathing is stopped such chemical changes in the blood are prevented by an artificial supply of oxygen. When the heart ceases to beat, however, it has generally been supposed that all hope has gone.

It now remains to be seen whether or not the method of keeping up the action of the heart after a long rest by direct muscular stimulation can in any way correspond with artificial respiration as applied to arrested lung action. If so, many cases considered as otherwise past remedy may be saved. This massage of the heart has been successfully tried by a German surgeon on human subjects poisoned by chloroform, but in each instance the chest was opened immediately after the accident. In one of his cases the patient survived a day and a half, dying eventually of inflammation of the lung. The experiments on dogs may prove that much more time can be allowed.—*Summary.*

### The Uses and Abuses of the Urethral Sound.

BY J. HENRY DOWD, M. D.

Considering the steady advancement made in all branches of medical science during the past few years it may seem a loss of time to write of such a trivial matter as the use of the male urethral sound. At the outset it may be stated that it is

not my intention to bring out anything new or startling regarding an instrument that has been used for centuries, but rather by some undisputed facts to try and convince my readers that many of the sought for but unobtained results, also the complications which so frequently follow, are not due directly to the use of the sound, but to the condition of the mucus membrane at the time the instrument was used. No other instrument known to surgery will give the same happy results as will the sound when it is used at the proper time and in cases indicating it. It cannot be denied that no matter how intelligently used irritation will follow, more or less in degree with the already existing pathologic condition present. From this it must be evident that the use of the sound when there is a general inflammation from the meatus to the internal sphincter, even though it be of a chronic nature, must surely be followed by more disturbance than if the condition was localized. The steel sound is the very best instrument for promoting absorption of inflammatory deposit impinging upon and surrounding a dilatable tube, but the great question why do not more favorable results follow its use may be answered: It is not used at a time when it and nothing else will give the desired results. For instance, in the case of acute urethritis, if the discharge has not ceased in from four to six weeks, even though it be the first infection, the patient is told he has a stricture and treatment by sound is begun, resulting in 99 per cent. of the cases in exaggerating the condition and in a goodly number being the direct cause of epididymitis, prostatitis, vesiculitis, etc., often becoming chronic and making an invalid of the patient for months or years, and in some instances the patients never recover.

When the prostate is involved the inflammation is usually of the follicular

variety and there is no doubt that at this time we have the first seed of hypertrophy. When dilation of the urethra is necessary, except in those cases in which there has never been infection, either simple or specific, pus is always present. Although the patient may urinate just previous to sounding, if the canal were examined pus would be found adhering to the walls; this is especially true when the inflammation is of a very chronic nature such as exists in front of or behind a stricture, or when granulations are present. When such condition is present it must be evident that when a sound, or for that matter any instrument, is passed through the canal that has not been previously flushed, the adherent debris will be carried forward, being forced into the numerous follicles along the canal and in the prostate. Gonococci may not be found in the pus, but streptococci and staphylococci are demonstrable in every case, and these are capable of producing inflammation, although it will be of a milder character than by the former.

Some general rules for use of the steel sound follow:

1. When the urethra has been involved by inflammation, specific, or otherwise, no instrument, and especially the steel sound, should be used until the urine is clear excepting for shreds or floating particles. (Prostatic plugs.)

2. The urethra should in all cases be flushed with an antiseptic solution (formaldehyd, 1-3,000) before the passage of any instrument. Following its withdrawal an astringent should be used, preferably silver nitrate 1-10,000.

3. A sound should never be passed for at least three months following acute gonorrhoeal infection, and then only when the urine is as in No. 1.

4. When dilation of a stricture will answer, sounds are increased in size according to the tissue forming the pathologic

growth and its location. True gonorrhoeal strictures of the deep urethra may be dilated five or six numbers at each sitting, up to 18 to 20 F.; following this two or three numbers should be the rule.

5. In cases of traumatic or gonorrhoeal stricture in the pendulous urethra, or when the sound is followed by marked irritation, etc., cutting gives the best result.

6. When the contraction seems not to dilate without too much force, weekly treatments being followed by considerable irritation, making the interval 10 to 14 days is generally followed by the most gratifying results.

7. Stricture can be permanently eradicated. This occurs when after dilating the circular muscles of the canal to their fullest extent, without rupturing, no bloody string is found in the washings after four or six dilations which have varied from one to four months apart.—*American Medicine*.

### Infant Feeding.

BY C. L. CASE, M. D., OF RAMONA, CAL.

I read with interest a few weeks ago in *American Medicine* the opinions of quite a number of doctors on infant feeding. I did not cease to hope until I read the last article that I would see something about *feeding the cow*, which to my mind is the most important part.

This is the plan I follow: A healthy cow is selected with a calf as nearly as possible the age of the baby, older rather than younger, if a choice is necessary. The cow is given dry feed, plenty of hay and bran, and no green feed for the first two months, and above all no bitter weeds.

To begin with I order 2 oz. of boiled milk, 2 oz. of boiled water, 1 oz. of lime-water, 5 grains of white sugar, and 1 grain of salt every two hours, to be put into an eight-ounce graduated nursing bottle with no tubes. I gradually increase

the milk about  $\frac{1}{2}$  oz. each month for each feeding. I also increase the sugar and salt in proportion with the milk, but the other ingredients I leave the same in quantity for about nine months, when the child usually passes from under my care and begins to eat with the family.

The intervals between feedings are to be increased 15 minutes each month up to six months and night feeding done away with as much as the child will allow.

#### Prevention of Perineal Laceration.

G. B. Twitchell (*N. Y. Med. Jour.*) points out that the enlargement of the vulvar opening during delivery depends upon the sliding of the head on the perineum. If the head does not slide the perineum will be put on the stretch, but the size of the opening will not be increased. It is consequently of first importance that there shall be a satisfactory lubricant in the vagina; the natural secretions are the best and should be preserved. Consequently douches, and especially antiseptic douches, are to be avoided. Digital examinations also remove the lubricant and should therefore be as infrequent as possible. During a precipitate labor, the delay of delivery by the use of chloroform saves the perineum in some cases. In protracted labor, the extraction of the head with the forceps will sometimes prevent laceration.—*Brief.*

#### Vegetable Diet and Its Importance as a Therapeutic Method.

L. Kuttner (*Berliner Klinik*) suggests the following as a satisfactory menu for those patients for whom a vegetable diet is advisable:

In the morning oatmeal, sweet milk or cocoa, white or black bread, and butter. During the forenoon rice, some vegetables, or grits, may be eaten with milk, kefir and bread and butter. At noon there may be a pea, fruit or vegetable stew, with a glass of fruit juice and rye bread and green vegeta-

bles, cooked with butter to the taste. Instead of green vegetables one may eat pea or bean soup, boiled rice with or without apples, dried fruit dumplings, etc. As dessert omlets, fritters, puff paste, puddings, etc., will serve. If the appetite is considerable, fruits can be eaten afterwards. The afternoon tea should consist of a generous amount of raw or cooked fruits with bread or zwiebach. If there is no tendency to acid formation, honey or fruit jellies may be allowed. These light lunches may be reinforced by milk and cream. At least once a week a thick soup or stew of barley, oats, rice grits or tapioca should be eaten, with milk and butter and baked potatoes. On another day eggs, prepared in various ways milk, curdled milk, kefir, cheese, etc., should be employed.

#### Fyfe's Essentials of Materia Medica.

A really excellent little book which will interest all practitioners of whatever school. It is superbly condensed without abstractions of material of value, and theoretical uses of drugs are not mentioned. It is small, convenient, reliable, and practical. It is thoroughly up to date, and will make a working companion for those whose books on therapeutics are getting a little old. It is uniform in style with the other eclectic manuals.—“Medical World,” Philadelphia.

In preparing this work the author proposed to deal with the essentials rather than the theoretic. His object was not to include all materia medica, but to especially present such materia medica as are chiefly used in specific medication by the eclectics; and as such it is a valuable compend.—“Sanative Medicine.”

We take pleasure in reviewing this compact little work. It contains a very correct summary of the symptomatology of our remedies as observed by our best writers. The doctor has gathered the facts concerning each remedy with much care



and has arranged them systematically and practically. It requires skill to tell a good deal in a few words.—“Chicago Medical Times.”

In the “Essentials of Modern Materia Medica and Therapeutics” the learned author, whose arduous effort has been admirably supplemented by the able contribution (“A Complete Formulary”) of one preeminent in his advanced school, altruistically offers all the faculty a work nowise lacking; and, unless we greatly err, it will be readily accepted.—“Massachusetts Medical Journal.”

### Items

Have you received the catalogue of the Eclectic Medical College of the City of New York? If not, write for it.

All the members of the class of 1903, who took the May examination have passed. Two with honor.

Miss Henrietta Tienken, M. D., of the class of 1903 received her license with a purple seal. She having passed with an average of 97 per cent.

Dr. Joseph Kallman divides the honors of the class with Miss Tienken receiving the purple seal on his license.

For one month longer we offer “The Essentials of Modern Materia Medica and Therapeutics” by John William Fyfe, M. D. and “The History of Medicine” by Alexander Wilder, M. D., for three dollars.

Send twenty-five cents in coin or stamps

and we will mail you the REVIEW the remainder of this year. If you are a subscriber, send us the name of some doctor in your vicinity and for the quarter, we will send him the REVIEW.

On Friday evening, August 28th the King's County Dispensary Society is to have a trolley party, and supper at Ulmer Park Casino. Tickets including supper, one dollar.

Dr. O. A. Perine is president and Dr. W. L. Heeve is secretary of the King's County Dispensary Society. With these hustlers, the organization is bound to be a success.

Theophilus C. Batcheldor of Machias, Maine, one of the veteran eclectics, died suddenly on the 25th of May.

Members of the State Society are requested to forward papers to the corresponding secretary, 140 West 71st Street, for the transactions, as copy will be placed in printers' hands September 15th. Articles on materia medica are specially requested.

The meetings of the Specific Medication Club and County Society will not be held in September, on account of the alterations in the college building; these meetings will be postponed until October.

In our re-modeled building we will have excellent accommodations for 150 students. If the members of the Alumni Association “get on a proper hustle” there will be no empty seats.

Read the advertisements, send for sam-

ples and literature, and kindly mention that you saw the advertisements in the REVIEW.

The subscription blank is continued in the advertising pages of this number.

Dr. S. Janowitz, of the class of 1903, took the Regent's examination in June and has just received his licence. Underneath the seal are the words "With Honor." The doctor is the third one in the class of '03 who passed with this distinction.

In the May number of the REVIEW, 114th page, 2d column, 3d line, please read ammonium citrate of iron, instead of citrate of ammonium.

### Spasmodic Summer Complaint.

At this season when intestinal troubles are so prevalent accompanied by the usual manifestations, abdominal cramps, etc., nothing seems to relieve the distressing condition so promptly as Hayden's Viburnum Compound, a true and safe anti-spasmodic. Give two teaspoonsfuls in six of hot water every twenty minutes until relief is afforded.

Be sure the genuine "H. V. C." only is used.

Doctor Mariano Scimeca, who has done such good work in introducing Eclectic Medicine into the Italian colony has Medicine into the Italian colony, has gone to Italy for a short visit.

Doctor Peter Nilsson has just returned from Sweden refreshed and ready for the arduous duties which await him.

In the September REVIEW we will print the individual per cents. of the three students who passed with honors in the last class.

## Book Reviews

The Law and the Doctor. The Physician's Civil Liability for Malpractice. The Arlington Chemical Company, publishers.

In looking over this pamphlet, which is presented by a company much patronized by Eclectics, we are surprised not to find a mention of the school.

On page 18 under "Treatment to be Tested by one's School of Medicine," a reference is made to the "Allopathic-Homeopathic or Botanic."

Would it not be wise for the Eclectic practitioner who patronizes this firm to ask for an explanation? We think it is due them.

The book contains considerable useful information.

Brewer's Surgery. A text-book of surgery for students and practitioners, by George E. Brewer, A. M., M. D., lecturer on clinical surgery at the College of Physicians and Surgeons (Medical Department of Columbia University), New York. In one octavo volume of 712 pages, with 280 engravings and 7 plates in colors and monochrome. Cloth, \$4.00; leather, \$5.00, net. Lea Brothers & Co., Philadelphia and New York, 1903.

This is certainly a handy volume for the student. It is clear and comprehensive, even though it does not attempt "the description of more than one or two methods of treatment of any one ailment," which is one of the reasons why it will be useful to students and not confusing. It is very nicely arranged and the publishers have done their part well. We gladly recommend it to our students and practitioners.

# THE ECLECTIC REVIEW

EDITOR: G. W. BOSKOWITZ, M. D.

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### Nostrums.

The physicians appointed committees on legislation by medical societies are usually representative men, and are supposed to be able to exert more or less influence. The duties assigned them are now undoubtedly of importance, but it is possible that the labors of these committees could be made of still further practical usefulness by adding to them the work incidental to making an earnest effort to secure the enactment of a law by Congress requiring the army of manufacturers of proprietary compounds which overrun the United States to place upon every bottle an enumeration of the ingredients (giving the name and exact quantity of each drug) contained in their preparations, under penalty of fine and imprisonment for failure to comply with the provisions of the law. Such a law, if rigidly enforced, would result in much good to many thousands of the American people for a very large part of the secret compounds which are being daily sold by thousands of drug and other stores throughout the country are injurious to health. In fact, it has been repeatedly shown beyond a doubt that the greater part of these nostrums are vastly more detrimental to health than are any of the numerous adulterated foods on the market, but, notwithstanding this fact, millions of people suffering from real or imaginary affections, influenced in their ignorance by the false and cunningly worded advertisements thrown broadcast over the land, principally through the means of the circular and religious press, are consuming them in enormous quantities.

Alcohol, used in the ordinary alcoholic beverages, is annually destroying thousands upon thousands of people in the American States, and as a result bringing the most lamentable suffering upon many thousands of innocent children. With the

hope of mitigating this evil to some extent great effort is constantly being made, and still, perhaps from lack of knowledge of their true character, these proprietary compounds, containing a larger percentage of alcohol than do the malt beverages and light wines, are allowed unrestricted sale in every drug and cross-roads grocery store in the land, without the least attempt being made to punish the rascals who swindle the public by pretending that their vile compounds are harmless remedial agents. According to statements recently made by the Massachusetts State Board of Health, the following widely advertised nostrums contain the percentage of alcohol represented by the figures set opposite each compound:

Lydia Pinkham's Vegetable Com...	16.77
Greene's Nervura .....	17.2
Hood's Sarsaparilla .....	18.8
Schenck's Sea-weed Tonic .....	19.5
Brown's Iron Bitters .....	19.7
Kaufman's Sulfur Bitters .....	20.5
Paine's Celery Compound .....	21.0
Peruna .....	23.4
Burdock's Blood Bitters .....	25.2
Ayer's Sarsaparilla .....	26.2
Warner's Safe Tonic Bitters.....	35.7
Parker's Tonic .....	41.0
Hostetter's Stomach Bitters .....	44.3

As there can be no reasonable doubt of the correctness of the foregoing table, it conclusively shows that the compounds mentioned all contain more alcohol than is contained in light red wines (10 to 15 per cent.), and that at least four of them are stronger in alcohol than port wine (18 to 25 per cent.). In three of them nearly as much alcohol is found as is usually contained in either whiskey, brandy, rum or gin. With these facts well in mind, it ought not to be difficult to convince law makers of the justice of at least placing these preparations under the control of the liquor laws.

J. W. F.

**The "Honor Men"—Class of 1902-1903.**

In the August REVIEW we promised in this number to give the percentages of the three who passed "with honor," the licensing examination of this State. We feel very proud of the class of 1902-1903, and we are sure that all interested in the school or in Eclecticism will rejoice with us, and feel a sense of just pride and pleasure when they hear that of the twelve who graduated last year, eleven have taken the examination, all passing creditably, three with honor.

The following are the individual percentages of those passing with honor:

Henrietta S. Tienken received in Anatomy 93 per cent.; Physiology 95 per cent.; Chemistry 100 per cent.; Surgery 97 per cent.; Pathology 100 per cent.; Therapeutics 100 per cent.; Obstetrics 93 per cent.

S. Janowitz received in Anatomy 91 per cent.; Physiology 82 per cent.; Chemistry 91 per cent.; Surgery 93 per cent.; Obstetrics 95 per cent.; Pathology 98 per cent.; Therapeutics 95 per cent.

J. Kallman received in Anatomy 92 per cent.; Physiology 98 per cent.; Chemistry 90 per cent.; Surgery 98 per cent.; Obstetrics 87 per cent.; Pathology 98 per cent.; Therapeutics 100 per cent.

## Original Articles

### **Arnica Montana, Leopard's Bane.**

BY CHARLES LLOYD, M. D.

\*Read at the May Meeting of the N. Y. Specific Medication Club.

This aromatic plant was described for the first time with correctness by Tabernaemontanus, naturalist of the sixteenth century.

It is a perennial and herbaceous plant, indigenous to the high mountains of Northern Europe and Siberia, in the plains of Northern France, in the mountains about the head waters of the Missouri and Columbia Rivers and other parts of

the Northwestern States. It grows along the highways and barren places, among rubbish, in fields and their borders and along ditches, that which grows in moist and shady places or on mossy soil is not that from which we shall get the best therapeutic results. When fresh, the whole plant has a disagreeable odor, very strong and exciting sneezing; the taste is acrid and bitter. Notwithstanding this acrid and bitter taste, it does not, according to Lume, exercise any deleterious action on herbivorous animals. The arnica of Bohemia was at one time the most valued. The stems are from one to one and a half feet high, straight, single and rounded, glabrous, simple or branchy, downy, shaggy, hard and rough, branches opposite; the leaves are winged, pinatified, sessile with even margins, whitish and downy beneath, upper surface dark; those which are near the root are disposed in circles, four by four oval.

The flowers are many, large, radiated and in bunches of a beautiful yellow color, calix imbricated and a little hairy; the flowers often contain the eggs of the *musca arnicae*, of which they must be cleansed before using, as it is apt to give them an irritating property resembling the effects of the Spanish fly. The root is of the size of a goose quill, almost vertical, as if bit off of a coffee brown or nearly black color externally, and a dingy white internally, provided with fine fibres which start from the sides of the roots and possess a pungent taste like that of alum. The root soon loses a portion of its virtues should it remain a long time exposed to the air, but the powder may be kept in a well stopped bottle, it also rapidly loses its taste and aroma by drying. It is thought by some that they attain all their virtues about November, others think they should be gathered while the plant is in flower from May to July.

Both flowers and roots are official.

According to analysis the plant contains annicine, inulin, capronia and caprylic acids, tannin, mucilage, resins and two essential oils, one of which exists in the flowers, the other in the root. The most important constituent, however, is trimethylamine,  $C_3 H_9 N$ . The ingredient long supposed to be of most importance is arnicine,  $C_{20} H_{30} O_4$ , a bitter principle which is insoluble in water, but freely in alcohol and in ether, and forms amorphous masses of a golden yellow color; or else the ethereal oil, which is also insoluble in water. It is now probable, according to Phillips, that neither arnicine nor the oil, but "trimethylamine" is the really useful ingredient of arnica. Trimethylamine is a clear, colorless fluid, which boils at a very low temperature, and then emits a fishy smell. It is quite freely soluble in water, in alcohol and in ether, and its vapor is absorbed by water with great avidity. It has a strong alkaline reaction, and readily ignites on the application of a flame, even when diluted with an equal quantity of water.

#### PHYSIOLOGICAL ACTION OF THE PLANT.

In large doses it causes depression, paralysis of the vagi, followed by vomiting and collapse, death resulting from the cessation of the heart's action. In small doses it has a stimulating influence, raising the blood pressure and the action of the heart, producing a feeling of warmth over the body and increasing the secretions. Acts as a stimulant of much energy on the cerebro-spinal system; it acts upon the muscular system, fasciae and tendons; on the capillary system of the veins and arteries; on the dermoid and cellular tissue and on lymphatic system. The physiological action of a concentrated aqueous solution of arnica which contains trimethylamine, without arnicine, is as follows:

Placed in simple contact with the skin, neither of these excites irritation, but if either of them be rubbed in for some

time with a flannel, the surface will become reddened. Like ammonia, they dissolve the little plugs of fat at the orifices of the sebaceous ducts. Applied to the mucous membrane they act in a stimulating and caustic manner: pure trimethylamine is a decided caustic to mucous membranes. Taken internally in large doses it greatly reduces both the frequency and the force of the pulse, and causes a burning in the throat and stomach, but no sweating, no diuresis, no colic and no diarrhoea. A drop of pure trimethylamine upon the lip produces burning and a flow of saliva; the mucous membrane is first reddened, and then the epithelium is cast off leaving a slight sore.

The statements concerning the action, both physiological and therapeutical, of trimethylamine, have been very various as have been those respecting arnica itself. Buchheim, for example, regarded it as a substance of little power, but the experiments of DuJardin Beaumetz, one of the highest authorities upon the action of drugs, seem to render it clear that trimethylamine has a very definite physiological action, and that among other things it diminishes the excretion of *urica*. The external effect of arnica involves important questions, for while it is known that many persons have found it an excellent application for bruises and for wounds, other observers have complained that it produces either an actual erysipelas, or a peculiar violet colored eruption, attended by great heat and pain. It is affirmed that these are physiological consequences of the *alcoholic*, and not of the *aqueous* solution, which latter contains neither arnicine nor the oil. "I have never seen inflammatory consequences follow the application of the purely aqueous lotion to wounds or bruises."

#### THRERAPEUTICAL ACTION..

Arnica, which has always been so favorably used as a medicament with the



homeopathists, is a remedy much older than homeopathy, and some of the most valuable evidence in its favor has been given by non-homeopathic physicians. Among the most interested of these testimonies is that of Schroder Van der Kolk, who employed it largely in the form of infusion of the flowers and decoction of the root.

Mental diseases were the field upon which Van der Kolk chiefly tested the powers of arnica. He employed the infusion of the flowers in the mild cases; and the decoction of the root when a more powerful remedy was required. He found arnica invaluable in that condition of idiopathic mania where the first excitement having diminished, the head nevertheless remains hot, and where a tendency to imbecility or to paralysis is shown. Exhausting diarrhoeas and general cachexia are also checked by arnica with certainty. Van der Kolk's results are the more interesting because obtained with aqueous preparations. In paralytic affections of various kinds, arnica has been found useful by numerous observers, among whom are Alibert and Meyer, who, by means of it, cured paralyzed bladder.

Mannior employed it with success in amaurosis, for which dioreder it has long been a popular remedy in Germany.

In typhoid and thyphus fevers, arnica has been very highly extolled, though one of the later writers, Nothnagel, speaks of it dispareingly. He does not, however, advance any good reasons for this, and as he allows that the general "picture" of the physiological action of arnica gives every indication of the existence of a substance which has definite powers as a remedy, we may fairly put against his rather vague opinion and against the prejudice which British physicians have widely felt, chiefly because of its repute with homeopathists, the very large body of German

and French experience which exists as to its action both of arnica and, in more recent days, of trimethylamine.

In rheumatism there has been good evidence of the utility of arnica, even in England. Dr. Fuller has spoken strongly of the tincture and infusion in rheumatic gout. The tincture has special virtues of its own. It is very probable more tonic and stimulating than other preparations, as containing not only trimethylamine, but also arnicine and the etherial oil, quite possibly also, the latter ingredient, besides stimulant to the general nervous power, may be sedative like chamomile oil, etc., to hyper-excited reflex irritability.

For internal bruises, arnica is a most excellent remedy, neutralizing the ill effects of blows, falls and other mechanical injuries. Ecchymosis and sanguineous effusions are rapidly dispersed by it provided the medicine be administered shortly after the injury has been sustained. In cases of concussion and shock resulting from railway accidents it is also very serviceable. Under these circumstances it is recommended that from five to ten minims be taken every two to three hours in a wine-glass of water. It is believed there is no drug that can so well restore the contused muscular fiber to its healthy condition in a short space of time as arnica, and it is considered a great pity that it has not come into a more general use in cases of this description. It has been said that after amputations, arnica has the power of uniting the surfaces very rapidly. In hemorrhages arising from mechanical violence, bleeding from the nose, and hemoptysis, arnica is also of great service and the same may be said of pulmonary congestions arising from fractured ribs. In cases of concussions of the brain or spinal chord, induced by a fall, it is spoken of very highly. In chronic dysentery when the motions are slimy and purulent, and attended by toxemia

and cutting pains in the bowels, the tincture may be given internally with good results. Also in the headaches, flushings and perspirations which attend the change of life in women. It is useful in protracted labor from weakness and irritability of the womb.

Dr. Scudder, in "Specific Medication" says: "Prepare a tincture from the recent flowers  $\frac{5}{8}$ vi to alcohol  $\frac{7}{6}$ oj. It is not necessary to refer to the common use of this agent, or discuss the question whether a tincture of arnica is preferable to alcohol alone as a local application, everyone has employed it in this way, and each has formed his opinion. I think its local use is valuable, but greatly overestimated. Can it be employed as an internal remedy with advantage? I am satisfied that it can. It is a valuable stimulant in many grave diseases where a stimulant is most required, but if used as a general stimulant like alcohol, it would be as apt to do harm as good."

"Fife says its uses are for shortness of breath from intercostal pain; bruises from blows and falls; acute superficial inflammations, as in boils; diseases characterized by debility, torpor and activity; prostration resulting from injuries. Arnica is a stimulant, diaphoretic emmenagogue and narcotic."

In a work on sprains, their consequences and treatment, by C. W. Mansell Moulin, M. D., (W. Wood & Co., 1891) the author says: "Arnica, which is so frequently recommended in the early stages of sprains, is worse than useless. The sole merit that it possesses is due to the spirit that is mixed with it, and it has the very serious defect of exciting in many people (especially when it is not much diluted) a peculiar form of inflammation of the skin, which is not only very difficult to distinguish from erysipelas, but which is very likely to run on into it." It seems that he had no experience with the in-

fusion which does not contain this irritating property.

Both Schoomaker and Potter in their *Materia Medica* speak of the value of the infusion of arnica locally applied in preference to the tincture of fluid extract.

#### PREPARATION.

Infusion of flowers 20 in 100 parts of water, locally.

For internal use.

Flowers one ounce ( $\frac{5}{8}$ i), boiling water one pint (.oj), infuse half hour, strain.

Dose, half to one ounce ( $\frac{5}{8}$ js-j).

Decoction. Flowers one ounce ( $\frac{5}{8}$ i), water, three pints; (oij), boil till reduced to two pints, strain.

Dose, one to two ounces (oij) every two hours, in aphonia, paralysis and rheumatism.

Powdered arnica root. Dose, grs. v. to-xx.

Extract of the root. Dose, grs. i-ij.

Fluid extract of the root. Dose, m. v-xx.

Tincture, of the root, 10 per cent.

Dose, m. v-xxx.

Specific arnica, m. i-x.

Homeopathic tincture m-i-ij.

Attenuations from the 1x to 6x and up.

Arnica liniment.

(Glycerole of arnica).

Take arnica flowers, bruised,  $\frac{5}{8}$ iv.

Glycerine oj.

Digest at a moderate temperature on a water bath, express and strain. Arnica plaster.

Arnica oil, the flowers will yield from grs. v-13 from  $\frac{5}{8}$ xvi. sp. gr. 90. yellow, from the roots  $\frac{5}{8}$ iv. yellowish, odor reminding of cloves; Sp. gr. 987. by  $\text{NO}_2$  grass green.

Arnica flowers, according to Prof. Walz, contain no alkaloid. (Parrish pharmacy).

Scudder says tincture from the flowers, Hughes says tincture from the whole plant.

Jahr. Grunner, Herring, Peters, Phillips and Potter,, (Materia Medica) and others, from the root (fresh).

#### INDICATIONS FOR ARNICA.

In all acute diseases brought on by mechanical injuries, arnica should be thought of. "Stupor with involuntary discharge of faeces and urine." Unconsciousness; when spoken to answers correctly, but unconsciousness and delirium at once return, easily aroused, but quickly return to stupor. Feeling of weakness and weariness. In fevers the patient is very indifferent; putrid breath, and red spots on the skin like suggillations. Everything on which the patient lies feels or seems hard, he must keep moving or changing his position, sensation of being pounded, soreness all over as if bruised. Head feels hot and face red, while the rest of the body feels cool or cold, cold hands and feet, cold nose and ears, not the result of the weather, limbs and body ache as if beaten. Dark or nearly black streak running through the tongue. "Putrid eructations as if from rotten eggs." Myalgia of stomach. The pain comes on immediately, often during eating where the patient is weak and lax of fibre, often myalgia elsewhere.

Stools and urine pass unconsciously, stools of mucous, blood and pus where the muscles of the rectum are involved.

After severe labor, great soreness of the parts, (the infusion locally applied as well). After abortions from mechanical injuries; traumatic injuries of the testicles. Any part very painful to touch in rheumatism or gout, fear of being touched. Many small boils, one after another, in crops, extremely sore.

There are several other remedies that have the indication, sore or bruised feeling, restless, hot head, stupor, dark red face, and redness of skin. In addition to the value of these symptoms it should be remembered that in acute or chronic af-

fections which are the result of trauma arnica is the one remedy to select. In the selection of arnica we may have to differentiate between such remedies as baptisia, bryonia, phytolacca, rhus tox, and staphisagra.

New York City.

#### Buboes, Their Treatment.

Read at the Meeting of the Eclectic Medical Society of the State of New York, April, 1903.

BY W. J. KRAUSI, M. D.

The anatomical arrangement of the inguinal glands is important to keep in mind, both as pointing to the possible location of the cause, and the character of the infection.

The superficial inguinal glands, the seat of the bubo, are best considered, *therapeutically*, by dividing them into *three groups*.

The *superior*, which are situated *above* and *parallel* with Poupart's ligament, which I again divide into the *inner* and *outer* group. The *inner* receives the lymphatic vessels from the integument of the scrotum, penis, labia, mucous membrane of the urethra and genitals in general. The *outer* group collects, so to speak, from the lower side of the abdomen and gluteal regions. The *inferior group* of inguinal glands, *below* Poupart's ligament, which surround the saphenous opening in the fascia lata, or adjacent to same, receive the lymphatic vessels from the lower extremity, leg, foot, toes, etc.

I have made the above three divisions of the inguinal glandular group simply for clinical convenience and assistance in differential diagnosis and in seeking the node or source of infection. To illustrate, a patient having a *emoral* or *inferior* inguinal bubo with a sore on his toes or leg and also a sore on his genitals, we know that the node of infection is from the toes or leg, and *not* the genitals. Again, a patient may have considerable ulceration on leg or foot with marked lymphangitis and, also, have a slight abrasion on the genitals with a bubo located in the *superior-inner* inguinal glands; we



know at once that the focus of infection is the slight abrasion on the genitals and *not the ulceration on the leg or foot.*

As to methods of operating on buboes, the ideal theoretical method is complete extirpation and removal of all glands showing any signs of infiltration, but practically this is very bad practice. It is very much like removing the sewer pipes and traps in a habitation. In the removal of the inguinal glands there are no "collateral" glands to "work over" or *neutralize* the poisons absorbed by the lymphatic vessels in the adjacent parts. Poisons absorbed by the lymph vessels are carried *directly* into the blood circulation without any modification, causing more or less organic irritation, foci of infection, abscesses and the many forms of infections endocardial inflammations and aortic stenosis. Keeping this in mind we can readily appreciate the importance of letting our patient keep his bubo a little longer, and by proper incision, drainage, medicinal and tonic treatment, save as many of the adjacent glands as possible. In most instances, with *forced* feeding and proper medication, particularly some form of iron and the calcium sulphide, most infiltrated glands will recover without destruction of their parenchyma.

We must also recognize the clinical fact that all buboes are not caused by infection—there is the *sympathetic* bubo. Particularly is this form of bubo in evidence in chancroids of the genitals. As a rule, a sympathetic bubo does not suppurate, but if it does, it furnishes laudable, healthy pus; whereas the chancroidal bubo, due to the absorption of matter from the chancroidal ulcer, becomes a new node of chancroidal infection.

An important diagnostic point in differential diagnosis between a chancroidal and syphilitic bubo, is that in a chancroidal bubo the circumglandular tissue is involved, so that it presents to the touch a doughy mass, the gland being indistinctly felt. The *very opposite* is true in the bubo of syphilis—the

glands will not be fused together nor is the circumglandular tissue involved, the gland being easily isolated and moved about.

In the treatment of buboes the same rules of surgery, aseptic and antiseptic, should be followed as in the treatment of any abscess, contagious or non-contagious. If there is no distinct fluctuation felt in the bubo, try to abort it. A non-virulent bubo can, in most instances, be aborted. A virulent bubo can be aborted—at exceptional times. In opening a bubo make the incision the full width of the bubo and *parallel with the long axis of the body, lay all sinuses open.* If the bubo does not properly drain, open further with the long axis of Poupart's ligament. Do not use ice-cold compresses, before or after opening—they do much harm.

In aborting bubo some authors recommend compression, leeches and local applications. The only local application of any value, in my hands, has been tr. iodine, applied every day, followed in three or four hours by the thorough application of lard; or, what answers the same purpose, rub up as much tr. iodine into lard, or petrolatum, as it will hold and rub gently in and around the bubo until "dry" once or twice per day. Compression or leeches are of doubtful value. If the bubo should be rather "deep" it is good practice and hastens the cure to thoroughly *curette* after opening. A poultice is of value in an "asthenic" bubo, or where "breaking down" is of slow process; such condition is usually present in anaemic patients.

The Dieulafoy method, *aspirating* the bubo, has some practical value in non-virulent, but procrastinates all virulent buboes. The *breaking up* method, *churning* the contents of the bubo with a blunt pointed bistoury, has absolutely no practical value.

In rare instances buboes assume *phagedenic* characteristics, in fact spreading over the entire inguinal region and, in females, extending and destroying the labia and adjacent organs. My clinical experience leads

me to believe that all phagedena is caused by a *constitutional dyscrasia*, and is not due to any local causes. This is nicely illustrated in alcoholics, in whom phagedena is most often found, by the administration of ten-drop doses of specific tr of hydrastis, combined with three-drop doses of acid phosphori, dil., largely diluted with water, and large doses of some form of iron. Local attention to phagedena should not be neglected; cauterization in some form, particularly the electric cautery, is of value. The use of plenty of water, as warm as can be borne, containing  $\mathfrak{v}$ i or  $\mathfrak{v}$ ii of sodii chlorid. to the pint, cautiously applied two or three times per day, is of special value. Also "painting" the part morning and evening with the following, after cleaning:

$\mathfrak{R}$  Acid. carbolici-cryst. grs. xii.

Tr. iodini (colorless)  $\mathfrak{v}$ iv.

Kali iod.  $\mathfrak{v}$ iv.

Glycerin.  $\mathfrak{v}$ iv.

Aq. q. s. ad  $\mathfrak{v}$ iii.

M. Sig. Lotio.

New York City.

### Diseases of the Larynx.

BY A. W. HERGOZ, M. D.

To treat diseases of the larynx successfully, the physician must make an accurate diagnosis of the existing conditions. This, however, can not be done by studying the symptomatology of laryngeal disorders alone, but only in conjunction with a careful laryngoscopic examination.

To be able, however, to examine a patient laryngoscopically, the physician must have prepared himself well by daily and hourly practice extending over a period of not weeks, but months.

Laryngoscopic technique, which includes not only the ability to make a laryngoscopic examination, but also to make the required applications and perform the necessary operations, comprises without doubt the most difficult manipu-

lations which the physician and surgeon has to acquire. This is due to the fact that the operator, both in the examination of the larynx as well as in operating and applying medication to that organ, generally works by means of a mirror, not seeing the larynx directly, but only "as in a looking glass."

In view of the great difficulties of making laryngoscopic examinations and operations by this "indirect" method, it has been tried to dispense with the mirror and use the so-called autoscopic or "direct" method, but as not the whole of the larynx can be seen in this way, it will hardly ever come into general use.

Although, as before stated, the study of the symptoms of laryngeal disorders will not enable a physician to diagnose any laryngeal disorder with sufficient accuracy to enable him to treat the same, yet there are three prominent symptoms, which point directly to laryngeal trouble. That is to say that the presence of any one or more of them is likely to be due to the presence of laryngeal disease.

These three symptoms are: Cough, change in the voice, difficulty in breathing.

Either symptom may be due to other than laryngeal causes, yet the presence of any one of these three symptoms should induce the physician to make a laryngoscopic examination.

The examination being made, it is easy to ascertain whether laryngeal disease is present or not.

The diagnosis of laryngeal disorders is easy, if one be only perfectly familiar with laryngoscopic technique, which sometimes, as for example in the case of a pendent epiglottis, presents some additional difficulties.

But if a clear view of the larynx can be obtained, it is easy to see whether there be any abnormal coloring of the laryngeal structures, without any other signs, which shows a chronic laryngitis; if this coloring be accompanied by a

thickening of the vocal chords, we most likely would diagnose the condition as "chorditis tuberosa"; sometimes there is an exacerbation of an attack of chronic laryngitis, when we would diagnose it as subacute laryngitis.

The symptoms of laryngitis chronica, laryngitis subacuta and chorditis tuberosa are sometimes a slight hacking cough, sometimes pain after the use of the voice, sometimes a change in the voice, which again may amount to nearly complete aphonia.

If there be difficulty in breathing, we will have to make a differential diagnosis between acute laryngitis, pseudo membranous laryngitis, diphtheritis, oedema of the larynx, foreign body, compression of the larynx by tumor from the outside, laryngeal new growth and spasm of the glottis.

While such a differential diagnosis seems possibly a little difficult to make, yet it dissolves itself generally into a very easy matter on simple inspection.

Should there be any doubt as to the differentiation between pseudo membranous laryngitis and diphtheritis, the microscope will, of course, clear up the diagnosis.

If there is a new growth or an oedema of the glottis this also can be easily seen.

Generally a foreign body can be noticed at once. Should, however, the dyspnoea be so great that a laryngoscopic inspection is impossible, a tracheotomy should be made at once, so as to relieve the asphyxia before an attempt at a diagnosis is made. If there be loss of voice, a simple inspection will easily show whether the same be due to ulceration or to paralysis.

If it be neither the one nor the other, nor a new growth, then it may be due to hysteria.

Should an ulceration of the larynx be found, the general appearance will usually show whether it be tuberculous or

syphilitic. The examination of the sputum, the temperature and general appearance of the patient would help to differentiate between these diseases. Should a new growth be discovered, a small piece can be removed and a microscopical examination will not only determine its malignancy or benign character, but also the exact nature of the growth. Thus it will easily be seen that a mistake in diagnosis should hardly ever occur in the treatment of laryngeal disorders, and considering this, it must be conceded that the physician should be able to make in the majority of cases a pretty accurate prognosis.

As to the treatment of laryngeal disorders, in the case of new growths, which are of a benign character, piece meal extirpation will generally give the best results.

Other methods to achieve the same end, that is to say the removal of the new growth, are total extirpation at one sitting, galvanocautery, electrolysis and chemical cauterization by means of chromic, lactic or acetic acid.

Should the new growth be of the malignant or semi-malignant type, the methods that may be employed, if extirpation is not decided upon, might be either X-ray treatment, starvation of the tumor by means of ligation of the afferent blood-vessels, or tracheotomy for the purpose of affording the patient symptomatic relief.

I might here also mention the injection of various medicaments into the growth, which, however, should only be done after tracheotomy, as otherwise the danger of asphyxiation would be too great.

Should there be an aphonia, due to either paralysis or hysteria, treatment by electricity, either faradic, static, hyperstatic, sinusoidal or galvanic interrupted might be used, vibratory massage may be employed and the usual remedies



for such conditions may be brought into action. These remedies should be selected according to the cause producing the aphonia, and I would suggest the use of one or more of the following: Strychnine, iodides, salicylates, iron, arsenic, although the number of remedies that may be selected for these conditions with benefit to the patient really is legion.

Should there be ulcerations, which may have been found to be tuberculous, the treatment should be directed against the tuberculosis, I refer the reader to my previous article on the treatment of consumption, in another number of the Review, and local remedies, consisting of mild applications to the ulcerations and intra laryngeal injections of various medicaments may be added.

In these cases we will very often be forced to resort to the use of the stomach tube, as swallowing otherwise is often so painful to the patient, that the sufferer can not be induced to take the proper amount of food in any other way.

Syphilitic ulcerations should be treated with the mineral and vegetable alteratives and specifics for this condition, while locally the use of a solution of permanganate of potash will keep the parts clean and promote healing of the ulcerations.

Local applications to the ulcerations will in syphilitic cases be of great benefit.

Should there be a difficulty of breathing so severe that there is danger of asphyxiation and the cause can not be ascertained, a tracheotomy will generally be indicated and can usually be performed much quicker than an intubation.

Besides, it is not safe to perform intubation if the cause of the asphyxia can not be accurately determined, as an attempt at intubation may push a foreign body further down into the trachea and repeated attempts may even under other conditions waste a great deal of valuable time.

If the cause of the difficulty of breathing

is due to a spasm of the glottis, (laryngismus stridulus) then a few inhalations of chloroform will generally relieve the condition.

Should there be an acute or subacute laryngitis, the application of ice to the throat and the holding of small pieces of ice in the mouth, in some cases, the application of heat in others, will be of great benefit.

Leeches also to the neck and scarification of the throat will sometimes prove of value.

The use of steam both externally to promote perspiration and by means of inhalation will also in a great many cases be indicated.

Pilocarpine or any of the other diaphoretics, as well as antispasmodics may be employed and the latter can be used both internally as also by means of inhalers, vaporizers and nebulizers,—both at the normal temperature or with superheated air.

The most frequent cases, however, for which may be due to a variety of causes, as for example the use of alcohol or tobacco, gout or rheumatism, catching cold or the too great or improper use of the voice.

The treatment of these conditions is generally not as easy as the treatment of the conditions before spoken of, principally by reason of the fact that the patient either will not or can not cease doing that which causes his laryngeal disorder.

He who uses tobacco or alcohol will very often fail to derive as much benefit from his treatment as he should, because he will continue the use of tobacco or alcohol, even to excess, while under treatment.

He of gouty temperament will very often eat to excess and thus precipitate another attack of gout, just when his throat has commenced to respond to the medicaments employed.

And he or she who is suffering from chronic laryngitis on account of straining the voice, will often, although singing has been strictly forbidden, just try for a little while, to see whether the voice has come back, and

thus undo the work of days or even weeks.

In a great many cases complete rest for the voice is imperatively demanded. Massage to the neck, especially efflourage, is of great benefit.

Some of the remedies mentioned for acute laryngitis are also of use.

Various local applications, especially the silver preparations are of great value.

The electrical currents which I mentioned in the treatment of paralysis of the vocal chords may also be used to strengthen the parts.

I also use superheated air in conjunction with various medicaments, as for example menthol, iodine, tar, etc., which thereby are vaporized.

New York City.

### Obstetrics and Orthopedics.

BY O. H. ROHDE, M. D.

It is a fact hardly to be denied, that a great many physicians, although they daily practice obstetrics seldom devote a thought to the science and art of this branch of surgery.

And this, notwithstanding the fact that the harm that can come through negligent practice of obstetrics will in a great many instances hurt two beings at the same time—the mother and the child.

The general practitioner who, should he happen to have a case which needs surgical intervention would not think of operating in any room but one which was aseptic, will very often without the slightest hesitation deliver a case in a room reeking with filth, even though he might have the case removed to the unused parlor, which with very little help might be turned into a fairly good lying-in room.

Again he would not think of employing anyone but a good surgical nurse for any case of surgery, while he will without any objection permit any woman, be she a friend, a sister, cousin, aunt, some other distant relative, young or old, clean or

dirty, to take charge of the nursing part of the case.

As to the preparation of the case for delivery, often nothing of the kind is possible.

When you arrive at the bedside of the patient you are likely to discover that a douche bag, a bedpan, linen, pads, basins, hot water, etc., are missing and you are dreading the consequences should there be a difficult or complicated delivery.

Your worry is not lessened by finding a nurse whose clothing is dirty, whose fingernails are black, and who believes that a douche is unnecessary and that soiled linen or pads are good enough and clean enough if turned over.

Such a nurse often causes septicaemia in the mother, ophthalmia neonatorum in the child.

It is a relief at times to meet a trim, active, intelligent nurse, who does aid and can safely be given charge, relieving the doctor's mind to some extent.

Any physician, conscious of duty, can not attend any parturient without at all times bearing in mind that the lives and health of both mother and child are in peril if anything is neglected.

Yet it is not only asepsis and antisepsis that must be considered. A too slow delivery may cause infantile paralysis, infantile cerebral hemorrhage, idiocy, and deformity.

A too rapid delivery again may cause laceration of cervix or perineum, not only causing the natural consequences of these injuries but also septic infection with its various results.

Yet while a too rapid delivery often causes injury to the mother as well as to the child, there are occasions when prompt interference is warranted, as for example in cases of placenta praevia, presentation of the funis, or puerperal convulsions.

When haste is necessary the obstetrician must decide in every individual case.

It is not the object of the writer to enter into details, but to call attention to the various deformities and conditions, which may result from undue haste or carelessness of the practitioner.

Many cases of trouble occur when the cervix dilates slowly and the practitioner, impatient of delay applies the forceps and extracts the child, regardless of results that do sometimes not show until months after.

Should a medicinal agent for the purpose of dilating the cervix be called for, I can recommend a combination of black cohosh and pulsatilla, one drachm of each to four ounces of water, giving a teaspoonful every half hour.

Lobelia and gelsemium also, given separately or together, if the heart permits, act readily and dilate the cervix nicely.

Again, if the pains are nagging and the cervix partly dilated, caulophyllin can be given combined with nux vomica.

If the cervix is dilated, yet the uterine contractions are slow and feeble, a hot cup of coffee will sometimes give prompt relief.

Should the patient suffer much pain and chloroform not desired, a little Jamaica dogwood with lobelia may be given, aiding the heart and relieving the pain.

Should the patient become exhausted, with cervix undilated, although lobelia and other remedies have been given, a quarter grain of morphine sulphate will give rest and sleep and allow nature to resume her work, without exhausting the patient, the cervix gradually dilating during sleep, with regular contractions of the uterus.

If it becomes necessary to apply the forceps, this should be done under all antiseptic precautions, and unless a hemorrhage demands rapid delivery, traction

should only be exerted during labor pains.

A tear should be sutured at once and to avoid hemorrhage either ergot or a one to five thousand solution of some adrenalin preparation should be used.

Viburnum Prunifolium should not be forgotten, as it is a remedy which aids involution of the uterus.

My custom is to give twenty drops of the fluid extract of this drug with forty drops of good rye whiskey every hour, for three hours, after the removal of the placenta.

To avoid after pains I often give the following:

℞ Vib. prunif. ʒiss.  
Vib. opul.  
Dioscorea.  
Mitchella repens.  
Macrotys ana ʒj.  
Tinct. Capsis ʒss.

M. Sig. Twenty drops in a wine glass full of hot water every four hours.

My object in writing this article is not to teach the physician anything new, but only to draw his attention to the fact, that the delivery of the living child and the fact that the mother is able to get out of bed in the usual time, is not all that the physician has to consider.

He must look into the future; he must try to prevent invaliding the mother and making a cripple or an idiot out of the child.

Parturition ought to be made a subject of interest to orthopedic practitioners and lecturers, so that more care be given to the birth of a child, to avoid any deformity and future physical weakness.

Brooklyn, N. Y.

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The best single remedy for incontinence of urine, perhaps, is rhus aromatica, dose five to twenty drops, three or four times a day in water or milk; doses are adapted to age.—*Summary.*



## Therapeutics

Edited by

JOHN WILLIAM FYFE, M. D.

All articles for this department should be sent to Dr. J. W. FYFE, Saugatuck, Ct.

### *Collinsonia Canadensis.*

*Collinsonia* is a remedy which should be permanently carried in the medicine case. It is frequently needed at all seasons of the year. In fact, the days are not numerous on which the active practitioner fails to find a case calling for its exhibition.

In atonic conditions of the general system *collinsonia* exerts an influence which is most positively beneficial. It arouses an increased action in the venous, absorbent and lymphatic vessels, and promotes the functional activity of the kidneys. It also, at the same time, markedly increases the power of the skin to perform its functions. In the treatment of indigestion, especially when it is of an asthenic character, with a tendency to gastritis, this agent has often proved itself a remedy of more than ordinary merit. It increases the appetite and promotes assimilation. It is also one of our most potent drugs in functional diseases of the heart, especially when accompanied by gastric irritation. In chronic gastritis and irritative dyspepsia, when employed in doses of from five to ten drops of the specific medicine, it exerts a curative power which is many times essential to a successful treatment. In constipation due to relaxation and vascular engorgement of the pelvic viscera it will greatly aid other remedies in bringing about relief, and in capillary distension and irritation of the secreting surfaces of the lungs, stomach, intestines, kidneys and bladder, as in phthisis,

laryngitis, bronchitis, gastritis, renal and versical wrongs, and in various catarrhal conditions, it is a medicament which will render good service. Its peculiar stimulating influence upon the absorbent system is very useful in many cases of dropsy, and in leucorrhoea and other excessive mucous discharges it constitutes an important part of a rational treatment. In diseases of the bowels and rectum it soothes and gives tone to the mucous surfaces, and in dysentery and diarrhoea it is a remedy of merit. In hemorrhage from the bowels it acts promptly, and as a means of relieving the distressing pains characteristic of hemorrhoids it is popular with many physicians. The most powerful action of *collinsonia* is shown in the treatment of hemorrhoids and other diseases of the rectum. Severe and chronic cases are much relieved and frequently cured by means of this remedy alone. All of these cases should at first receive large doses, repeated every two hours, until the system is brought fully under the influence of the drug, and then the medicine should be continued in medium doses three or four times a day as long as needed.

*Collinsonia* is tonic, astringent, diaphoretic, alterative and diuretic. Its influence is especially directed to the absorbent system and the mucous membranes. The leading specific indications for this drug are as follows: Irritation, with a sense of constriction in the larynx; oppression, with tightness in the epigastrium; painful constriction in the rectum; hemorrhoids, with a constriction of the sphincter and a sense of a foreign body in the rectum; functional diseases of the heart; chronic laryngitis; cough arising from excessive use of the voice, and the cough caused by diseases of the heart; catarrhal conditions of the respiratory mucous membranes; catarrhal conditions of the genito-urinary organs; spasmodic

conditions of the stomach and intestines; hemorrhoids in the pregnant female.

The dose of collinsonia is from 1 to 60 drops of the specific medicine (or a good fluid extract), but it is frequently employed as follows:  $\mathcal{R}$  Collinsonia, gtt. v to xx, water,  $\mathfrak{z}$ iv; teaspoonful every hour or two.

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### Hydrastis.

In an interesting article on the action of hydrastis, Dr. E. Anthony makes several statements which are replete with practical therapeutic suggestions.

After incidentally calling attention to the fact that the capillaries have no muscular structure, and that they are entirely passive, the doctor in substance says:

"Through the agency of the fibro-areolar tissue of the true skin, this being an elastic tissue, the muscular tissue is able to control the caliber of the capillaries and thus regulate the supply of blood. The muscular tissue of the skin bears the same relation to the fibro-areolar that the circular muscular fibres of the arteries do to the elastic tissue. That means that they are antagonistic. When the circular muscles are in control the caliber of the arteries is diminished, and when they lose control the caliber is increased. The internal pressure and the thinning of the walls result in an exudation of the watery portion of the blood, constituting hyperidrosis, or profuse perspiration. The muscular system of the skin possesses a peculiar endowment by which it is capable of acting or not acting independent of other portions of the nervous system. When it does not act of itself, hydrastis stimulates it to act; it thus lessens the caliber of the capillaries and the exudation ceases. But when the muscular tissue is already in a high state of tension, as it is in fever, it will still further tend to close the capillaries, and as the tension is increased, the

blood in the capillaries is decreased, the radiation and perspiration cease and the temperature rises.

"My attention was called to the stimulating influence of hydrastis in the early years of my practice. In those days it was a custom with me to use some tonic with the febrifuges in the closing days of the fever. I did this to anticipate the sudden prostration that sometimes attends the sudden cessation of the fever. After considerable experience with this method I found in all cases that there was a return of the fever. I therefore left the hydrastis out of the prescription, and on the next visit would find the temperature lower.

"My next observation was in the case of an old lady who had cellular dropsy. There were no effusions in any of the cavities of the body, just a simple edematous condition of the cellular tissues beneath the skin. The skin was cold and pitted on pressure. After exhausting the skill of the best physicians of the locality, she was induced to drink an infusion of hydrastis. The first perceptible change she noticed was an increase in the quantity of urine and a diminution of the swelling. The hydrastis was continued until the skin assumed a normal state. This dropsical condition would recur occasionally, but all that was necessary was to resume the use of the hydrastis for a few days. Not being acquainted with the physiological relations existing between the skin and kidneys, I concluded that hydrastis possessed diuretic properties. As in this case, so in that of all other remedies, a lack of knowledge of the laws of the physical functions of the human organization has led to the supposition that agents possess more than one property. Since that time a better knowledge of physiology has enabled me to apply this property of hydrastis in the treatment of all cases of excessive loss of fluid by the skin. In

low forms of typhoid and malarial fevers, where the temperature is subnormal and the patient is sinking from this loss of fluid, quinine and capsicum, the former for the depression of the nerve centers, the latter for the heart, are the usual remedies and are reasonably successful. But hydrastis added to the above will result in more prompt relief. In the colliquative sweats that prostrate patients in the latter stages of pulmonary tuberculosis, it is the most effective remedy so far known in our materia medica. It is not infallible, but often gives prompt relief, and if continued will greatly lessen the sufferings of all consumptives.

"But it is in acute rheumatism that it shows its most marked effects. In nearly all cases of the above malady the excessive sweating, especially in the summer season, is one of the most distressing symptoms and is usually accompanied with a high temperature and a full, hard, frequent pulse. This shows high arterial tension and demands that the arterioles be relaxed. Here the one property of lobelia, acting on the muscular coat of the arterial system, allows a free flow of blood into the capillaries, those structures receiving support from the muscular fibre of the skin, which is being influenced by the hydrastis. These two influences, one relieving arterial tension, the other toning up the relaxed capillaries, tend to equalize the circulation. The heart is relieved of its surplus blood and resumes a more natural action. This might leave the false impression that lobelia is a heart relaxant and hydrastis a diuretic. This can be done without interfering with the action of any other medicine that may be needed. A change from lobelia to capsicum may be needed when the heart action fails, as may be determined by a physical examination of the cardiac region and noting that the pulse is soft and frequent, with capillary stagnation. Capsicum and hydrastis

would then meet the case. There are many other conditions that demand other remedies, and those mentioned are reliable only as above indicated."

### Poisoning.

(Continued from page 227)

#### SODA, CAUSTIC.

In its general properties caustic soda resembles potash. The carbonate of soda and the carbonate of potash are similar in their action.

*Diagnosis.*—In poisoning by this and other caustic agents an acrid, burning taste comes on during swallowing, with a sensation of excoriation and burning extending along the mouth and throat to the stomach. Pain in the epigastrium soon ensues, and there is tenderness on pressure. Frequently there is cough, hoarseness, dyspnoea, and vomiting of altered mucous, mixed with blood and detached portions of the mucous membranes. The tongue, mouth and fauces become swollen, soft and flabby, and swallowing very difficult. The surface of the body becomes cold and moist, the pulse small and feeble, and there is severe pain over the abdomen with diarrhoea.

*Treatment.*—The stomach pump should not be used in poisoning by corrosive agents. In poisoning by this and other alkalies the first thing to do is to neutralize the poison by the free use of vinegar and water. This should be followed by acidulated demulcent drinks. Lemon juice and orange juice are good. The use of oils is not known to be of value. TIN.

The chlorides of tin have been used as poisons, but have seldom caused death.

*Diagnosis.*—In this, as in most cases of poisoning, the diagnosis will largely depend upon the history of the case. The symptoms produced are those of an irritant poison, viz: pain in the stomach and bowels, faintness, purging with straining, discharges usually tinged with blood, pulse feeble and irregular and cold skin.



*Treatment.*—Magnesia should be freely administered, as it decomposes the chloride of tin. This should be followed by albuminous and mucilaginous drinks.

#### TOBACCO.

All parts of *Nicotiana Tabacum* are poisonous. The leaves have proved fatal when used in infusion as an enema. *Nicotiana*, the alkaloid of tobacco, is a deadly poison.

*Diagnosis.*—The symptoms caused by tobacco are severe nausea, vomiting, great prostration, and insensibility. Symptoms resembling those of apoplexy have been produced by the excessive use of snuff.

*Treatment.*—Emetics, cathartics and stimulants constitute the needed treatment.

#### *Archangelica Antropurpurea.*

*Common name.*—Garden Angelica.

*Natural order.*—Umbelliferae.

*Part used.*—The root, stem and seed.

*Description.*—This strongly scented biennial plant has a stout, dark-purple stem from two to three feet in height. The leaves are large, ternately compound, and have divisions with five to seven pinnate leaflets which are ovate and cut-serrate. Its flowers are white or greenish. The fruit is smooth, ovate or short oblong, with many oil-tubes adherent to the surface of the seed.

*Dose.*—Fluid extract, 30 to 60 drops.

*Usual dose.*—10 to 20 drops.

*Indications.*—Chronic bronchitis, when there is deficient expectoration; chronic rheumatism and gout; intermittent fever; torpid conditions of the system, as a vascular excitant; flatulent colic; atonic conditions of the digestive organs; nervous headache; dysmenorrhoea.

With the early Eclectics this was a favorite remedy in the chronic bronchial catarrh of aged and feeble persons.

*Archangelica atropurpurea* is stimulant, diaphoretic, emmenagogue, aromatic, carminative and diuretic.

#### Gelsemium in Sea-Sickness.

Dr. J. W. Fyfe, Dear Sir: A year or more ago I read an article in the REVIEW on the use of gelsemium in sea-sickness, and it has proved of a considerable value to me, as I had often needed a remedy for this distressing condition. Being located in a seaport town I was not long in finding a case which freely tested the statements made in the article, and the result was so favorable that since that time I have employed the drug on every possible occasion with very gratifying success. Recently a gentleman called at my office and said that he and his wife were about to start on an ocean trip, and that he wished, if possible, to obtain some remedy which would at least modify the sickness from which they had usually suffered on such occasions. I gave him gelsemium in water, each teaspoonful containing five drops of the specific medicine, and directed that one teaspoonful should be taken just before going on board of the ship, and the dose repeated every two hours thereafter until the eyesight began to be affected. After this condition was reached four teaspoonfuls of the mixture were added to thirty teaspoonfuls of water, and a teaspoonful of this latter dilution taken every two hours. The treatment proved a successful one, the patients not having the least feeling of sea-sickness.

I have recently purchased a copy of your "Essentials of Materia Medica and Therapeutics," and believe it the best work of the kind on the market. It is practical, sensible and brief—characteristics of the utmost importance to the busy doctor.

H— B—, M. D.

#### Strychnine Poisoning.

In reporting the accidental poisoning of a child by strychnine, Dr. J. D. Batson says:

"The mother on seeing the child emptying the contents of a drachm bottle of strychnine into its mouth called to him to 'spit it out,' and immediately washed out his mouth as

thoroughly as she could. I arrived one hour later and immediately gave tannic acid in solution to form the insoluble tannate, and gave apomorphine hypodermically. I waited four minutes and repeated the apomorphine. In a few minutes the contents of the stomach were coming up. Fortunately the child had eaten dried apples (uncooked) that afternoon, and his stomach was full of undigested food and not in good condition for absorption. I gave more tannic acid and thoroughly washed out the stomach with a stomach tube. This was followed with more tannic acid and chloral hydrate. The convulsions began increasing in force and frequency, and the chloral was crowded till there was profound narcosis, but still the convulsions were stronger and coming every two minutes. It had now been about one hour since the stomach was washed out, and it had evidently absorbed the residue. The convulsions were now tonic and death was imminent. As a last resort I gave pilocarpine hydrochlorate hypodermically and with results as follows:

Gave I-24 grain at 9:07; no convulsions till 9:14; convulsions at 9:19; convulsions at 9:24; gave I-24 grain at 9:25; convulsion at 9:29½; convulsion at 9:35. Skin now moist and saliva flowing out of mouth. Slight convulsions at 9:44; slight convulsion at 9:46; very slight convulsion at 9:56; and gradually lighter at 10:00, 10:06, 10:17, 10:22, 10:34, 10:45 and the last at 11:13. The bowels and bladder were evacuated, and the patient made an uneventful recovery."

Dr. W. L. Bauer, in the *New York Medical Journal*, says that from the facts thus far obtainable it seems improbable that formaldehyde used intravenously has any specific value in septicaemia. The instances reported in which it has done good were probably those in which the agent acted as a diluent, and not as a germicide. Therefore, the normal saline solution would seem to answer equally well, and with less prob-

ability of injuring the delicate structures of the blood.

Macrotys is a valuable remedy for rheumatism, muscular pains, and also as a par-turient and uterine tonic. In rheumatism when the pains are mostly muscular; when the flesh is sore and feels as though it was bruised.

## Society Meetings

**Texas State Medical Examining Board of Eclectic Physicians and Surgeons.**

The Eclectic Medical Examining Board of Texas, will convene in regular session October 12, at Waco, Texas, one day before the State Association meeting. Headquarters will be at the Metropole Hotel and K. P. Hall.

L. S. DOWNES,  
Secretary.

## Query Department

Conducted by

PITTS EDWIN HOWES, M. D.

Boston, Mass.

All communications for this department should be addressed to PITTS EDWIN HOWES, M. D., 703 Washington Street, Dorchester District, Boston, Mass., and must be received by the 23th of the month in order to be answered in the next number of the REVIEW.

S. E. B.—Having read many of the items in the Query Department with both pleasure and profit, I have ventured to send you a few questions of my own with the hope that you will answer them in the September REVIEW. 1st. Will you give a few of the remedies used by the Eclectics in their management of uterine difficulties, and when, and why they should be given? 2nd. Kindly point out some of the leading remedies for the treatment of pneumonia and the indications for their use? 3rd. Which drugs are the most valuable in the treatment of heart lesions and why?

Among the many uterine agents found in the Eclectic Materia Medica, all of which are at times serviceable, macrotys, helonias, caulophyllum, viburnum, pulsatilla and hyoscyamus should not be forgotten. Macrotys is always useful when those heavy, bearing down sensations are complained of and your patient complains of the tissues feeling sore, as if they had been pounded. Helonias is the uterine tonic, *par excellence*. It is useful in all those conditions when the uterus and its adjacent organs are in a relaxed condition, or, as we should say, below par. Caulophyllum may be termed a uterine regulator, being very useful in preparing the uterus for the proper performance of its normal functions, viz: Menstruation and labor. In these difficulties, at all ages of the female, the physician who makes use of the caulophyllum will have cause to congratulate himself. Viburnum is the pain reliever of the uterine apparatus, and should always be thought of when the pain is sharp and lancinating in character. Severe pain in the early part of the menstrual period is quickly relieved by viburnum when given in xx to xxx gtt. doses in a half cup of hot water. This dose may be repeated in an hour, if necessary. Pulsatilla will always be thought of when your patient is dispondent, tearful, feels that some calamity is close at hand, and is sure she is powerless to contend against these troubles. Hyoscyamus should be regarded as the nervous regulator in the act of curing uterine diseases. Whenever you are confident that there is a grave nervous disturbance that is complicating your uterine case this remedy will prove a valuable adjunct to the other drugs mentioned above and when given in connection with either will greatly facilitate their action. Many cases of pneumonia will call for veratrum, bryonia, lobelia, nux and capsicum. Veratrum is called for by the full and bounding pulse

and is essential to good treatment unless *very strongly contra indicated*. Bryonia will be useful when there is much pain, especially on the right side, which is of a tensive, tearing character. Lobelia will aid very materially in loosening up tenacious concretions and effecting a more easy and free expectoration. Many times the addition of sanguinaria to the lobelia will increase its efficiency. Nux and capsicum are of great value in keeping the stomach in such a condition that it will readily perform its necessary functions. For the treatment of heart lesions we should think of veratrum, cactus, strophanthus, crataegus, strychnia, digitalis and nitro glycerine. These are the ones most often used with gratifying results. Look them up in the various Eclectic works on Materia Medica—Ellingwood, Fyfe and Loche—give them according to their directions and you will be pleased.

B. E. H.—What, in your opinion, is the most important duty of the Eclectic physicians of to-day.

The Eclectic physician, who is true to his name and the cause which he represents, will first of all identify himself, or herself, with the various Eclectic organizations, local, State and National. He will carefully and conscientiously treat his patients, noting any new developments from the drugs administered, and reporting the same through the proper channels for the edification of his professional brethren. He will be constantly on the alert to discover anything new which he can add to the Materia Medica of his school. He will always be ready to give a conclusive reason why he is an Eclectic, and for what purpose the Eclectic School of Medicine exists.

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When anchoring a right kidney Edebohls advised removal of the appendix through the lumbar incision.—*Clinic*.



## Selections

### Pneumonia.—The Regular Treatment of Pneumonia.

\*Read at a meeting of the Æsculapian Club, at Milford, Mass., March 4, 1903.

BY W. W. BROWNE, M. D.

For eighty years the fatality of pneumonia has increased but little, if any. The prevalence of pneumonia has steadily increased during the past fifty years, and last year more deaths were caused by it than from any other disease.

In the death reports of large cities, and the reports of insurance companies, pneumonia and tuberculosis in different forms largely lead the van, thus showing the virulent nature and prevalence of the two diseases. Small-pox and cholera used to sweep away their thousands in every community, but vaccination and hygiene have reduced their terrors to that extent, so that now it is not so much a matter of how to escape the disease as how to escape the quarantine that goes with them.

The only curative treatment of pneumonia that one could think of would be something to counteract the poison which is the cause of the disease. Nothing of moment, however, has been done in that direction. Therefore the treatment must be simply that of a febrile disorder, a disorder which has a natural tendency to burn itself out within seven or eight days; and the object must be to maintain the patient's strength, so that the battle may be fought between the germs of the disease and the cellular elements in the patient's body. To maintain these cellular elements in their best fighting trim is what the physician has got to do. In no disease is it more important than in pneumonia to treat conditions more than the disease itself.

Fresh air is a very essential part of the treatment. Now what is the indication stage? We find him with a high fever, flushed face, bounding pulse, heart going

like a trip hammer, hacking cough, dull, heavy pain in chest, hurried respirations, headache, and usually bowels confined. The first indication is to empty the stomach and bowels, and get rid of all material early, which, while it helps promote engorgement, can be of no advantage if retained.

Three grains of calomel every two hours till four doses are taken, followed in two hours more by one to two heaping teaspoonfuls of rochelle salts, largely diluted, acts admirably in such cases. To the calomel may be added 3 to 5 grains of Dover's powders, or one-half grain of ipecac with each dose until diaphoresis is produced.

If the patient has flushed face, bright eyes, talkative and appearing stronger, heart working fiercely and loud, give Norwood's tincture veratrum, a dose every hour, beginning with one drop and increase by one drop till we get to five, then decrease by one drop. When the pulse comes down, the skin is soft and patient quiet, hold it so for a time, then carefully withdraw the drug. Nothing, however, can be gained by the use of veratrum, when consolidation is complete. Many prefer the action of aconite, for the above conditions, to veratrum.

Local applications may be of service in the early stage. If the patient has much pain, one should blister, as it relieves more rapidly than anything else, if the pain be acute, more especially if the pain be due to pleurisy.

Linseed poultices soothe the patient very much, help his cough, and do good at the early stages.

The trouble with poultices is, first, it is only once in a great while that you can get attendants to make them just as they should be; they are either too sloppy, which wet everything, or they are applied too cold, when the action seems to be "nil," or second, they are too slow in changing them, so that it exhausts the patient's nerve and strength.

Where poultices for any reason cannot be properly used, camphorated oil, with the

addition of turpentine, well rubbed onto the chest and back, is of value.

It is well also to apply a cotton batting jacket.

If delirium and sleeplessness occur very early in the disease, a dose of morphine may be given by the mouth or hypodermically. Later on, though, opium and morphine should be entirely avoided, when a patient is fully under the influence of the disease. Trional is extremely beneficial if given in sufficiently large doses: thirty to forty grains, repeated in four or five hours, if necessary, or until sleep is produced. In delirious cases hyoscine, hypodermic injections have been very beneficial.

There are instances where bleeding is a benefit.

In the case of vigorous subjects, where cyanosis is present and there is obvious engorgement of the right heart, general blood-letting may with propriety be practiced. Cardiac failure and odema of the lungs, which means toxæmia, constitute the real danger in pneumonia. Therefore one should use strychnine. Strychnine should be used in 1-30 gr. doses or, if needed, in 1-40 gr. doses hypodermically, and it should be given until there is no longer vasomotor paresis. There is no doubt that patients have been rescued when any other means would have been futile. Digitalis is of value if there is vascular relaxation and an easily compressible pulse.

Should the pulse become rapid and feeble and the second pulmonary sound weak, alcohol should be given freely, in doses sufficient to accomplish the end desired. In aged and alcohol subjects it should be given from the start. Expectorants serve only to upset the stomach, although in some cases of tardy resolution pilocarpine may be employed, its depresant effect being carefully guarded by stimulants.

High and prolonged temperature should be controlled by cold sponging, the cold pack, cold applications to the chest, or even the

bath at 70° F. By the use of the bath the temperature is reduced, the pulse becomes stronger and cerebral symptoms are markedly relieved. Oxygen is an efficient remedy for difficult breathing, in the last stage of pneumonia.

The food should be liquid, and of such a nature as to be easily absorbed and not liable to ferment, i. e. albuminous solutions and peptonized milk. Among the former, egg-water is an available form. It is prepared by squeezing the albumin of one or two eggs through a cloth and adding half a pint of water and a pinch of salt. This, or bovine, may be given alternately with the milk at the rate of three ounces of either every two hours. If, notwithstanding this careful feeding, flatulence occurs, peptonized milk may be replaced by kumyss or matzoon.

Complications of any form call for varied treatment to suit each case.

During convalescence, quinine, iron and hypophosphites should be given for their tonic effect.

Blackstone, Mass.

### The Homeopathic Treatment of Pneumonia.

Read at a Meeting of the Aesculapian Club at Milford, Mass., March 4th, 1903.

BY EDGAR A. FISHER, M. D.

This meeting has its excuse for being in so admirable a spirit of inquiry that I yielded to the temptation to accept Dr. Johnson's invitation to read a paper on "The Homeopathic Treatment of an Ordinary Case of Croupous Pneumonia," although I realized that the proper presentation of my subject before such a club would require more time and skill than I had at command.

Homeopathy is a therapeutic method and the scope of my paper would properly be confined to "that part of the therapeutic sphere in which drugs are our instruments," though the homeopathic physician follows a fundamental principle emphasized by Hahnemann in an age largely concerned with the *theory* of disease, namely, that "the sole



aim of the physician is to restore the sick to health." No one will deny that in the treatment of a specific and self-limiting disease like pneumonia therapy plays at best a secondary part. It may be possible when the primary congestion of the lungs has hardly begun to abort the threatened attack by the proper drug promptly administered, but I do not believe, the pathological process once started, that the regular course of the disease can be materially checked, though I do believe that the symptoms may be modified and resolution encouraged.

The physician's *chief* reliance in the treatment of this dread disease must be upon good nursing and diet, and careful attention to the hygiene of the sick room; for adjuvants the jacket of rubber dam and cotton or the poultice of antiphlogistine; the judicious use of stimulants when the heart requires them (and I would specially emphasize the word judicious, for I think great harm may be done by applying the whip too soon); and the use of oxygen well diluted with air in conditions of cyanosis. In *these* matters there can be neither "Jew nor gentile, bond or free." They are the common heritage of the healing art.

The essential part of the therapeutic discovery of Hahnemann is stated in the rule, "*similia similibus curantur*,"—likes should be treated by likes, and on this principle the homeopathic physician selects his drugs. We prescribe for the disease as represented to the physician by the totality of its symptoms, objective, subjective, and, so far as known, pathological; but eliminate the theoretical element which has been changed with every generation of investigators. In other words, the clinical facts of the disease, as we find it, are prescribed for by administering the drug which, when given to the healthy individual, produces symptoms as similar as possible to those developed by the patient under examination, the attempt being made to individualize each case. Sir Lauder Brunton, in his "Experimental Actions of

Medicine," grasps our point, when he says (part I, page 12):

"The opposite action of large and small doses seems to be the basis of truth on which the doctrine of homeopathy has been founded. The irrational practice of giving infinitesimal doses has, of course, nothing to do with the *principle* of homeopathy, '*similia similibus curentur*,' the only requisite is that mentioned by Hippocrates when he recommended mandrake in mania, viz., that the dose be smaller than would be sufficient to produce in a healthy man symptoms similar to those of the disease."

Many examples of this homeopathic action of the small dose will at once occur to you, for example, the cure of vomiting by ipecac and by apomorphia, of diarrhoea with mercury, of insomnia with caffeine and phosphorus, of squamous eruptions with arsenic, of headache with nitroglycerine, the flushings at the climacteric with amyl-nitrate as suggested by Ringer and the treatment of constipation with opium as suggested by Brunton (Lancet, April 27, 1880). A little thought would suggest many more of a like nature. The only question in your minds will be as to how extensively this principle can be applied. For me, it is difficult to believe that these are isolated examples. I should be equally unwilling to assume, without experiment, that this action is a rule without exception. Therefore the medicines which I shall speak of to-day not only comply with the homeopathic rule in that they produce in the healthy body symptoms similar to those which we attempt to relieve in the course of an attack of pneumonia, but, in addition, they have been subjected to the clinical test by several generations of careful clinicians and have been found to give good results in many cases. We have, therefore, as much proof of their useful activity in arresting disease as of the effect of any drug not administered in physiological doses, and, indeed, you know that even in physiological doses there is uncertainty of action, as, for



example, the not infrequent production of nervous insomnia from opium when sleep is desired. This is as much an age of scepticism in medicine as in theology and it is quite as difficult to answer questions of fact with positiveness in one field as in the other. Our increased knowledge of the limitations of disease and the infinite variation in its course make us unwilling to ascribe unequivocally to any drug the modification of symptoms which follow its administration, unless this same action can be repeated with certainty in a series of similar cases. In studying a drug to determine its usefulness for a homeopathic prescription every reliable source of information is drawn upon. For its gross action records of accidental poisoning in man and experiments upon animals, and its finer action by what are known as provings, *i. e.*, records of the symptoms produced in man by administering the drug in repeated non-toxic doses for varying periods. Many precautions are used to prevent the introduction of subjective symptoms, the product of the keen imagination of the prover. From the great mass of material thus secured those symptoms which are duplicated in several of the provings are considered characteristic of the drug. But they must be in accord and the congruence of symptoms is strongly insisted upon. On these indications the drug is subjected to clinical test. It is obviously impossible to combat bacteria or their toxins by the introduction of non-toxic doses of any drug into the alimentary canal. The therapeutic effort must be directed toward mitigating the symptoms produced by these agencies.

While in the popular mind the small dose is "Homeopathy," it is by no means an essential feature in the prescription. The only requisite is that the dose shall be sufficiently small not to aggravate the symptoms for which it is administered. Hughes says: "The small dose is historical, not vital." As a matter of practice, however, it has been found possible to reduce the dose much be-

low the physiological limit and yet gain the desired result. The drugs are prepared for use by mixing thoroughly with alcohol or by prolonged trituration with sugar of milk and represent 10%, 1%, .1%, etc., of the original drug strength. They should be administered singly, thus making it possible to observe their effects with greater accuracy.

"Hahnemann lived at a time when heroic antiphlogisticism was in full force, when physicians slew," as in Addison's day, "some in chariots and some on foot; when every sufferer was drained of his life-blood, poisoned with mercurials, lowered with antimonials, and raked by purgatives." It is therefore easy to understand how a new method which did away with such heroic treatment brought around the master enthusiastic followers. In no disease was the change from such empiricism to a system of prescribing based on the careful study of the drug action, and the equally careful individualization of the case, more marked than in pneumonia, and it is not hard to believe in the records of reduced death rate made by the pupils of Hahnemann or to account for the zeal with which they espoused the cause.

NOTE—"I advise you to study Pneumonia, as all other diseases, not so much with regard to its microscopical elements, but at the bedside looking at the patient taking notice of his state, finding out the individual degree of vitality," etc.

Sir, Dyce Duckworth—clinical lecture at St. Bartholomew, British Med. Journal, Nov. 5, 1902.

I believe it is fair to claim that the homeopathic treatment of pneumonia has been consistent and rational through many years and that its followers have escaped many popular errors in treatment from the promiscuous blood-letting of earlier days to the more recent efforts at temperature reduction by the use of the coal tar derivatives, a practice now characterized as pernicious by Osler, Hare and many others. The medicines which have been found homeopathic in uncomplicated cases of pneumonia are few in number and the indications for their use, simple.

*Veratrum Viride* is prescribed at the very beginning of the disease provided the physician is fortunate enough to be called early in

the stage of engorgement when, although the temperature is running up, the patient is chilly, the forehead is wet with perspiration, but the physical signs of the disease are not yet distinct.

If the pulse is rapid and intermittent, it is an additional indication for the use of the drug. It is particularly applicable where the onset is vigorous, but hardly of use after the disease has progressed to a point where the diagnosis is certain. The use of the drug rests on the fact that in poisoning by it congestion of the lungs is well marked and constant in its appearance.

*Bryonia Alba* perhaps holds first place in the homeopathic therapeutics of pneumonia. In animals poisoned by bryonia the serous membranes, particularly the pleurae, are inflamed, and the lungs sink in water and are found full of a frothy bloody exudate. The "provings" also exhibit well-marked lung symptoms, as cough, pain in the chest, bloody expectoration, etc. The medicine is most useful where the pleura is affected and pain in the chest, particularly below the nipple, is present. Cough short and dry, with scanty expectoration yellow or bloody, respiration rapid and oppressed. Restlessness and thirst are prominent symptoms, though the patient is inclined to keep quiet as all the symptoms are aggravated by motion. The severe headache is relieved by this drug.

*Phosphorus* divides the honors with bryonia and is more useful where there is less involvement of the pleura and the catarrhal symptoms are more marked. It is particularly valuable for delicate patients where the disease comes on insidiously, as in those cases which used to be called typhoid pneumonia by the practitioner. The cough is not as dry and the sputa is frothy and rusty. It is indicated in the latter part of the period of hepatization and early part of the period of resolution.

*Iodine* or *Bromine* may be used in the early stage on the following indications: Anxiety and oppression of the chest, burn-

ing, tearing, or stabbing pains in the chest, cough dry, dyspepsia, blood-streaked expectoration, hoarse voice.

*Antimonium Tartaricum* is used in the later stage of the disease when resolution has begun. The expectoration is scanty, though the lungs are full of loud, bubbling rales. The patient is cyanotic and seems in danger of suffocation from pulmonary oedema. The cough is paroxysmal with suffocative arrest of breathing or it is rattling, hollow, and the temperature is lowered. This remedy is more often useful for old people and children than for adults and in pneumonia complicating whooping cough, emphysema, or delirium tremens.

The last medicine which I shall speak of is.

*Sulphur*. Its administration seems to hasten resolution when it is delayed. It encourages the absorption of the exudate. It is indicated when the cough is loose and the expectoration thick, greenish or yellow. There may be dyspnea and copious sweating from the least exertion. It is more often used late in uncomplicated cases, or when suppuration is threatened. A number of other medicines may be used for special symptoms arising in the course of the disease, but I cannot fairly present them as indicated in an ordinary case of pneumonia.

#### NOTES:—

1. Principles and Practice of Homeopathy,  
Richard Hughes, 1902.
2. The Organon,  
Sam'l Hahnemann.
3. Manual of Pharmacodynamics,
4. Jahi's Clinical Guide,  
Translated by Lilenthal.
5. Cyclopedia of Drug Pathogenesis,  
Edited by Richard Hughes.

Worcester, Mass.

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The use of cocaine is spreading with fearful rapidity in all classes. Be careful you don't start someone on the road to ruin.—*Clinic*.

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The X-Ray of the true gynecologist is in the finger tips.—*Clinic*.



### The Eclectic Treatment of Pneumonia.

Read at a Meeting of the Aesculapian Club, at Milford, Mass., March 4th, 1903.

BY PITTS EDWIN HOWES, M. D.

Secretary Mass. Eclectic Medical Society, Censor  
of the Eclectic Medical College of the City  
of New York, Associated Editor of the  
Eclectic Review, etc., etc.

Mr. President, Members and Guests of the Aesculapian Club:

It affords me much pleasure to meet you to-day, and present for your consideration the eclectic method of treating pneumonia.

Presumably the majority in attendance are not familiar with the eclectic practice. Hence it seems judicious that I should briefly state the grounds upon which we base our system of medication.

We believe, *first*, that in the normal condition all the various functions of the body are performed in a natural manner, and afford a certain amount of pleasure to the individual; *second*, that any departure from the normal standard will produce disease, and that this disease will be more or less severe, according as the deviation is more or less intense; *third*, that the various divergencies from health will produce certain indications which are the guide to correct medication; *fourth*, that if the proper drugs are administered the result will be a tendency toward the normal condition; *fifth*, that the province of the physician is not to cure disease, but to assist nature to recover from the effects of the disobedience of her laws; *sixth*, that when we have established the action of a remedy, under a certain condition, we have produced a result which can be depended upon at any time, no matter what the departure from health may be called.

From the foregoing statements you must realize that "Eclectic Medicine" treats pathological conditions, and not nantes. Hence it is absolutely impossible for me to give you a stereotyped mode of treatment for the disease under consideration.

I might have a half dozen cases of pneumonia under my care and no two of the six receive exactly the same medication, yet all

would recover. Again I might prescribe the same drugs to another half dozen cases of pneumonia, and, by not correctly adapting the remedies used to the existing conditions, I would get a fatal result in every case.

Do not understand me to claim that all cases, if properly treated, will recover, for a certain proportion will be seen in which it is beyond the power of medicine to sufficiently aid nature in restoring the equilibrium.

How then can I best present the eclectic treatment of pneumonia, so that it can be properly understood and intelligently discussed?

This is the question which I have been debating with myself since I promised to write this paper. I have concluded that to enumerate the various drugs used in the treatment of pneumonia by our "school," and to give the indications for their employment would be the only satisfactory solution.

These remedies I will divide into five grand divisions, those influencing the circulation, the respiratory apparatus, the nervous system, the antiseptics and the stomachics.

#### CIRCULATORY SYSTEM.

*Aconite*, indications. Pulse, small and frequent. Skin, hot and dry. Dose, five to ten drops, aqua, four ounces. One drachm doses every one or two hours.

*Asclepias*, indications. Pulse strong, skin moist, pleuritic pain, aggravated by motion. Dose, ten to twenty drops, aqua four ounces. One drachm doses every one or two hours. This remedy is very frequently combined with aconite to good advantage.

*Cactus grandiflorus*, indications. Impaired heart's action, nervousness, sense of oppression in the chest, hysterical conditions. Dose, ten to twenty drops, aqua four ounces. One drachm doses every two or three hours.

*Caffein*, indications. Cardiac insufficiency, cerebral hyperaemia, headache. Dose, two to five grains, every three hours.

*Digitalis*, indications. Pulse weak with faint heart sounds. Dose, ten drops to one



drachm, aqua four ounces. One drachm doses every three or four hours.

*Eupatorium perfoliatum*, indications. Full Pulse, dyspnoea, pain in the chest, skin hot and moist, frequent turbid urine. Dose gtt. v-xx, aqua iv oz; dr. doses every one or two hours.

*Rhus toxicodendron*, indications. Short sharp pulse, strawberry tongue, burning pain in the chest, pinched expression of the countenance, scanty urine with dribbling. Dose five to ten drops, aqua four ounces. One drachm doses every one or two hours.

*Veratum viride*, indications. Pulse full and bounding, increased arterial tension, marked throbbing of the arteries. Dose, five to ten drops, aqua four ounces. One drachm doses every one or two hours.

*Nitro-glycerine*. Use when there is extreme weakness of the heart's action and you need a quick stimulant. Dose, 1-100 gr. every hour, hypodermically by preference, till the heart improves.

#### RESPIRATORY SYSTEM.

*Ammonium carbonate*, indications. Severe cough in the aged, with scanty viscid expectoration; diminished cutaneous circulation, skin pallid and cold, tendency to collapse and syncope. Dose, 1-10 to  $\frac{1}{2}$  gr. every hour.

*Ammonium muriate*, indications. Lack of secretion, subdued cough, sense of heat in the throat, redness of surface easily effaced by pressure. Dose, one drachm, aqua four ounces. One drachm doses every two hours.

*Bryonia Alba*, indications. Flushed right cheek, pleuritic pain increased by coughing, hacking cough. Dose, ten to twenty drops, aqua four ounces. One drachm doses every one or two hours.

*Ipecacuanha*, indications. Weakness, debility, cough, oppressed breathing, diminished expectoration, elongated and pointed tongue. Dose, five to ten drops, aqua four ounces. One drachm doses every one or two hours.

*Lobelia inflata*, indications. Sense of fullness and oppression in the praecordial region, difficult respiration, full and oppressed pulse, broad and flabby tongue, cough loose with tenacious mucus. Dose, ten to twenty drops, aqua four ounces. One drachm doses every half hour or hour.

*Marcrotyx racemosa*, indications. Hard cough, with pain in the back and limbs; a feeling of soreness as if pounded. Dose, ten to twenty drops, aqua four ounces. One drachm doses every one or two hours.

*Sanguinaria canadensis*, indications. Irritating and tickling cough, scanty secretion, sputa streaked with blood, burning sensations in the throat and nose. Dose, ten to twenty drops, aqua four ounces. One drachm doses every one or two hours.

*Sticta pulmonalis*, indications. Cough with pain in back and shoulders, extending to the occiput. Dose, ten to twenty drops, aqua four ounces. One drachm doses every hour.

#### NERVOUS SYSTEM.

*Belladonna*, indications. Dullness, drowsiness, eyes dull, pupils dilated, blueness of face and extremities, cerebral congestion. Dose, five to ten drops, aqua four ounces. One drachm doses every hour.

*Gelsemium*, indications. Flushed face, bright eyes, contracted pupils, cerebral irritation. Dose, ten to twenty drops, aqua four ounces. One drachm doses every hour.

*Jaborandi*, indications. Marked dryness of the skin, suppressed urine, pain in the back and limbs. Dose one to two drachms, aqua four ounces. One drachm doses every one or two hours until perspiration appears.

*Stimulants*. The various alcoholic stimulants find a place in the treatment of the aged, and those who—from any cause—are rendered so prematurely.

*Strychnine*. Doses of 1-100 to 1-30 grs. of strychnine will frequently aid in sustaining the strength of your patient, during a period of great debility.

*Foods*. The stomach should be kept in

such a condition that it will properly digest the more easily assimilated articles of food. To this end close attention should be paid to the correct administration of the anti-septics and stomachics.

#### ANTISEPTICS.

*Alkalies. Soda bicarbonate*, indications. Tongue broad and pallid, its coating pasty and white or yellowish white; mucous membranes are uniformly pallid. Dose, five to ten grs. every two hours.

*Soda Sulphite*, indications. Broad pallid tongue, with a thick, dirty, pasty white coat; pallid mucous membrane. Dose, five to ten grs. every three hours.

*Acids. Muriatic acid*, indications. Deep red tongue and mucous membranes, dry brown cracked coat on the tongue, sordes on the teeth, pungent heat of the skin. Dose, one drachm, aqua four ounces. One drachm doses every two or three hours.

*Baptisia*, indications. Tongue and mucous membrane full and purplish in color, papillae of the tongue enlarged, moist pasty fur on the tongue, breath sweet, sickening and offensive. Dose, ten to twenty drops, aqua four ounces. One drachm doses every two hours.

*Carbo-Veg.*, indications. Pallid skin, feeble circulation with hemorrhage, pallid flabby tongue with soft, moist coat, lifting in patches; frequent, bad smelling, hemorrhagic, alvine discharges. Dose, 1 to 10 grs. (3 x trit.) every two hours.

*Echinacea*, indications. Tendency to systemic poisoning, profuse ill-smelling discharges, breath offensive, dusky colored mucous membranes, tendency to gangrene. Dose, ten drops to one drachm, aqua four ounces. One drachm doses every two or three hours.

#### STOMACHICS.

*Nux Vomica*, indications. Broad pallid tongue, face sallow, yellow ring around the mouth, paroxysmal abdominal pain pointing to the umbilicus. Dose, five to ten drops,

aqua four ounces. One drachm doses every one or two hours.

*Hydrastis canadensis*, indications. Profuse gastric secretion, perverted appetite, enfeebled circulation. Dose, one drachm, aqua four ounces. One drachm doses every two, three or four hours.

*Capsicum*, indications. Distended abdomen, pain increased by movement, thirst, cold extremities, small, feeble pulse. Dose five to twenty drops, aqua four ounces. One drachm doses every half hour or hour.

From these remedies are chosen largely our treatment for pneumonia. Many times there are strong indications for two or more of them at the same time. We then combine them in one glass containing the necessary four ounces of water or else alternate, giving first one and then the other each hour.

Many physicians think that they must use external applications in the treatment of pneumonia. That they are useful cannot be denied, but, unless they are used with the addition of common sense, the result will not be as favorable as could be wished.

The compound powder of lobelia has long been a favorite with eclectic physicians, and there is this to be said in its favor—it cannot do any harm. The formula for its preparation is as follows: pulv. lobelia, six drachms, pulv. sanguinaria, pulv. symplocarpus, a. a. three drachms, pulv. ipecac, four drachms, pulv. capsicum, one drachm. Mix. To apply it take a piece of flannel, the size of the affected part, spread a thin coating of lard on the cloth, then dust thickly with the powder and place in contact with the skin. This may be re-applied once or twice a day. A single trial will convince the most skeptical.

The eclectic treatment of pneumonia would not be complete if I did not speak of our method of differentiating between the forms of the same disease, and also a few words regarding the remedies which we prescribe.



The student of eclectic medicine is early taught that there may be three different kinds of any given disease, and that his success, in their treatment, lies largely in his power to ascertain which of them he has to conquer. To these three varieties have been given the expressive names, *excess*, *defect* and *perversion*. If you will stop and think for a moment you will see that, if disease is a departure from health it must be in one of these three ways.

In acute diseases, such as we are considering today, we must—almost invariably—decide between the first two of these manifestations. If our patient is above par, he can stand and demands a depressing treatment; if, on the other hand, we are treating a case that is undeniably below par, and we resort to any drug that lowers the vitality, we are sure to need the undertaker. Hence, whenever you are called to treat a case of pneumonia—or any other disease—carefully decide in which class that patient belongs and your treatment will be far more effective.

From the birth of eclectic medicine its adherents have devoted the larger part of their time in evolving and developing the powers of the drugs which they prescribe. They can point with a commendable degree of pride to what they have achieved along these lines. Indeed the Eclectic Materia Medica is the one grand reason for their existence today, and the supreme motive for their continuance in the investigation of their chosen field.

Close along beside the physician stands the eclectic pharmacists who have sought to aid him in perfecting the remedies which he uses. Their success has been unrivaled. The names of Lloyd and Merrill are known, not only among eclectic physicians but by those of other schools who desire the best which pharmaceutical skill can produce.

The remedies whose indications I have given in another part of this paper, are those known as "specific medicines," and represent, in each drop, a grain of the crude

material. This fact should not be forgotten, as tinctures made from fluid extracts will not give the results which might be expected; and sometimes the effect is "*nill*."

Take lobelia or gelsemium, for instance. The best preparation of lobelia—the one which will not fail you—is the tincture made from the seed, and unless you have a tincture of gelsemium made from the green root, you are doomed to disappointment.

Eclectic physicians are firm believers in the efficacy of medicine to eradicate those causes which produce disease. This is because they are working with accurately tested weapons.—*Vermont Medical Monthly*.

Boston, Mass.

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### Menorrhagia.

Menorrhagia is frequently dependent upon a condition of subinvolution of the uterus, resulting later in endometritis, and it is in these cases that the value of Hayden's Viburnum Compound is particularly recognized. Under its administration the uterine congestion is relieved, the relaxed tissues restored to a normal tone, and the flooding promptly checked. This is accomplished without the unpleasant effects of ergot. If there is a profuse hemorrhage from the uterus in consequence of the presence of tumors, such as polypi, fibroids, or malignant growth, the administration of Hayden's Virburnum Compound is indicated, in order to lessen the flow until such a time as the removal of the tumor can be accomplished. Aside from its hemostatic qualities, this preparation furthermore relieves the accompanying pain and renders the patient more comfortable. During the climacteric patients often are troubled with flooding, and if this be not due to the presence of malignant or other diseases, which must be carefully sought for, it can be greatly relieved by the continued administration of Hayden's Viburnum Compound.



### The Properties of Radium.

In a paper prepared for the Royal Society, and taken as read at the meeting of that body recently, Sir Wm. Crookes describes the results of experiments with radium (*Pharm. Journ.*, No. 1709, p 472). Radium, an element akin to uranium, is an astonishing example of radiant matter. Brought near a screen of sympathetic structure and material—Sidot's hexagonal blende (zinc sulphide) is used—it causes phosphorescence increasing and diminishing as the screen is brought nearer or withdrawn farther away. It is so energetic that anything which has been in contact with it—glass vessels, platinum wire, or the human finger—becomes radio-active in its turn, and will cause phosphorescence in the blende screen. If the minutest particle of radium or its nitrate falls upon the screen it becomes a brilliant speck of green light; and when these little specks of phosphorescent light are examined beneath a microscope their appearance is changed to a meteor-shower of tiny sparks. Also, when a piece of radium is brought close to the screen, and the phosphorescence is examined under the microscope, the surface of the screen is seen to be sparkling with innumerable bright scintillations, twinkling in and out like stars upon a black sky. And these scintillations, it is reasonable to suppose, are due to the bombardment of ions, each ion as it is hurled off on to the screen, causing by its disturbance of the ether a luminous splash, large enough to be visible under the microscope.

Yet in spite of the ceaselessness of the emissions, the mass of the radiating body appears to suffer no diminution. A still more remarkable communication on the subject has been made by M. Curie, to the French Academy of Sciences. He states that radium possesses the property of continuously emitting heat without combustion, without chemical change, and without any change in its molecular structure, which re-

mains spectroscopically identical after many months of continuous emission of heat. Further, radium is said to maintain its own temperature at a point  $1.5^{\circ}$  C. above its surroundings. Apparently the substance has the power to gather up and convert into heat some form of ambient energy with which we are not yet acquainted. Sir William Crookes revives the hypothesis which he submitted to the British Association five years ago. He then suggested that the atomic structure of radio-active bodies was such as to enable them to throw off the slow-moving molecules of the air with little exchange of energy, while the quick-moving missiles would be arrested with their energy reduced and that of the target correspondingly increased. The energy thus gained by the radio-active body would raise its temperature, while the surrounding air would get cooler. This energy, again, would be employed partly in dissociating some of the gaseous molecules and partly originating undulations through the ether.—*Mercks.*

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### Efficacy of Euquinine.

Dr. Audry (*Rev. de Ther.*, LXX, No. 7) has become convinced by numerous observations that euquinine (quinine carbonic ether) possesses all the therapeutic virtues of the ordinary salts of quinine: that it is a true specific in malaria. To its insipidity are added tolerance by the stomach and absence of ringing in the ears as a rule.—*Mercks.*

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Dr. Heinze recommends deep and frequent inspirations to overcome seasickness. The nervous center of vomiting is situated in the neck near the respiratory center, and is thus influenced by the near neighborhood of the latter, the rapid action of breathing allays the nausea. It makes no difference whether the nausea comes from the repletion of the stomach or the excitation of the larynx.—*Mercks.*

## Items

Dr. Herman B. Schwartz has opened an office at 124 Columbia Street. We wish him success.

We are glad to learn that Dr. M. B. Ketchum, who was seriously sick with blood poisoning at the time of our National Meeting—has quite recovered and is at his desk again.

From the Chicago Record-Herald we note with pleasure that Doctor Robertson's school "The American School of Medicine and Surgery," is to be represented on the staff of the Francis E. Willard Temperance Hospital, now building at Chicago.

The National Eclectic Monthly edited and published by A. F. Stevens, M. D., of St. Louis. Although the baby of Eclectic periodicals is one of the most interesting and valuable of our exchanges. It deserves the support of every liberal physician.

The opening lectures of the session will be delivered in the club rooms—241 East 14th Street, as the College building is still in the hands of the workmen. The labor troubles having delayed its completion.

A male infant weighing 13 ounces was recently admitted to the New York Post-Graduate Hospital.

Newspapers report the birth of a 25-pound female child to a woman in Lexington, Ky.

The Medical Publishing Company of America has been incorporated at \$150,000 under the laws of the State of New York, for the purpose of publishing "The Daily Medical Journal." The first issue is scheduled for October 1, 1903, and the

subscription price has been placed at \$1.00 a year which also includes "The New York Medical Critic," a monthly journal now in its second year. The prospectus announces a 6-page journal, 12x15 inches in size, with full affiliation with the Associated Press and 100,000 copies. The editorial staff has not yet been announced with the exception of Dr. M. W. Curran, managing editor, 154 East Seventy-second street, New York.

It is asserted that there are 247 women physicians in the United Kingdom; of these 82 are in London and its suburbs alone. In India there are 124 English medical graduates.

Dr. Charles E. Pierce, of Little Rock, Arkansas, died suddenly of heart failure, August 19, 1903.

A subscription blank will be found in the advertising pages of this month's REVIEW. It is placed there for the convenience of those who have forgotten to subscribe.

Dr. Henrietta Tienken passed the civil service examination of the New York board of health receiving a percentage of 83.

Third, and last, month's offer—The Essentials of Modern Materia Medica and Therapeutics by John William Fyfe, M. D., and the History of Medicine, by Alexander Wilder, M. D., for three dollars.

The trolley ride and outing of the Brooklyn Dispensary Association was both a financial and social success. There were about 150 present, and all seemed to have a very good time.

Mrs. Sophia Webster Lloyd, mother of Prof. John Uri Lloyd, died last month at the age of 84 years.

# THE ECLECTIC REVIEW

EDITOR: G. W. BOSKOWITZ, M. D.

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### The College Opening.

We opened with a good class. The Dean delivered a short address expressing regret that our own building can not be occupied for the present, as owing to the strike conditions existing during the summer the work on our building was delayed. The convenience of our temporary quarters however, in the building next door, made it possible to start the work at the regular time and carry it on with but little inconvenience.

He stated that special arrangements had been made this year by which our work in the laboratories would be greatly extended, that they would be open daily from two to five. The Dean also spoke of the great wealth of the Eclectic Materia Medica, of therapeutic exactness, and the reliability of specific medicines, after which Dr. Scaison, whose hour started the course, took charge of the class.

Everything points to a bright and successful year.

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### The Successful Physician.

The man who enters a medical college does this to prepare himself for a life profession. In this profession he wishes to be successful. Success means satisfactory treatment of disease, an honorable position in the community, and fair financial returns.

The man who thus enters a medical college expects to think, to study, to meet problems that weary him at times, and worry him at others. He proposes to meet these in view of the *final returns*. If he expects to attain the point in professional life that is designated by the term *success*, he neither seeks a college that can not serve his educational interests, nor a college that shirks its duty. He proposes to stand in every way successful in the future, asks no special privileges, and above all desires no risks in college methods.

It can be taken for granted that these are

self-evident axioms, and that one and all who enter a medical college do so expecting both to do their duty and get in return value received from their alma mater.

But of one thing we may be assured, and that is, the *therapy* side of medicine must give a physician his success. The age of the institution, the portraits of its faculty, the conspicuity of its officers, the height of its buildings, the equipment in glass and copper of its laboratories, can not do this. The teaching that is obtained in its halls, the practical knowledge imparted to its students, fortifies them for the success they seek. And that this knowledge must be largely in the lines of therapy, if the physician makes a success in *medicine*, is a self-evident fact.

In therapy, we believe eclectism stands unchallenged. Many remedies unknown to others are familiar to eclectic physicians. The uses of and claims made for all remedies are taught in their colleges, but the advantages of those tried and proven in the past, when given according to eclectic precepts and methods, are made prominent.

Eclectic medicine also gives an advantage in surgery, in all that affects the life of the organs of the individual. A surgeon of the eclectic school thus possesses advantages over others not qualified in eclectic medication. The kindly and correct treatment of the patients operated upon often draws the line between life and death.

Eclectic medication is kindly and pleasant it is effective; it is specific. The doses of remedies are, as a rule, small and yet positive. The eclectic colleges teach a system of therapy that is the result of but little less than the evolution of a century in which, hewing to the line, the men who worked and thought and acted moved steadily onward. With sincere belief in these claims, we say to those who seek future success in medicine, go to an eclectic college, and if you do *your* duty therein and your duties there-

after, be assured that you will make no mistake, for in the end your name will be among those known as successful physicians.—Editorial, *Eclectic Medical Journal*.

### On Which Side of the Line?

In the early part of the eighteenth century, as is well known, small-pox was the most frequent and the most fatal of all of the contagious diseases then recognized, and it is but a few generations since the treatment of this somewhat loathsome affection constituted a considerable part of the physician's practice. Now so seldom is this disease met with that very few physicians outside of our large cities ever see a case of it, and we are told by experienced city and hospital practitioners that the cases which occasionally occur in our large towns and cities are so modified in form as to make it difficult to connect them with the description of small-pox given in text-books published less than half a century ago.

What has caused this wonderful change in the frequency and characteristics of a disease which at a time not far distant annually numbered its victims by the thousands? In answer to this question, a certain class of physicians, consisting largely of men whose environments have not been such as to favor the acquirement of great knowledge in reference to the matter, put forth the claim that the sole cause of this great change in the frequency of the disease is to be found in a better understanding and a more thoughtful observance of nature's laws. On the other hand, another class of physicians, including many men who have had large experience in city and hospital practice and who have also been favored with an abundance of opportunities for careful and thorough study of the disease and the

changes through which it has passed, dispute this claim, while they acknowledge that in small-pox, as in all other diseases, a rigid observance of the laws of health is of the utmost importance, they insist that cleanliness and disinfection have but little influence over the progress of the disease, as it attacks the clean as vigorously as it attacks the unclean. In support of their position they refer to the failure of many attempts to suppress small-pox without resorting to vaccination, and of late call particular attention to an epidemic in Cleveland, Ohio, where 1,200 cases and over 200 deaths followed a thorough cleaning and disinfection of the city. This epidemic continued until the health authorities started a most vigorous vaccination crusade, which finally resulted in stamping out the disease. The anti-vaccinationists say that this wholesale vaccination was unnecessary—that the disinfection of the city brought about the desired result. The fact remains, however, that the epidemic increased until the vaccination crusade was started, and that it thereafter rapidly decreased.

These antagonistic views draw the line between vaccination and anti-vaccination quite distinctly. On which side of it shall we general practitioners of little experience in dealing with small-pox place ourselves. I prefer to follow the lead of men who have had an opportunity to know the truth.

No doubt it is true, as has been frequently reported, that septic virus has sometimes been employed to the great injury of the patient, but this fact has nothing to do with the subject under consideration. It simply calls attention to the lax way in which vaccine virus is sometimes prepared, and makes it more apparent that some safeguard must be placed around its future production.

J. W. F.

### Frederick John Locke, M. D.

Frederick John Locke, M. D., Dean of the Faculty of the Eclectic Medical Institute, was born in the city of London, England, on the 7th of December, 1829. He was educated at Christ's College, Newgate street, in the same city, and read medicine with Dr. Edwards, Blackfriar's Road, London. He emigrated to America at the age of 17, and supported himself for a while by working at house plastering, a trade he had learned as a boy. In 1848, during the gold fever in California, he and 33 others started for that country. Reaching Salt Lake City, 29 of the company died of Asiatic cholera. Dr. Locke and his three surviving companions escaped the scourge and returned to Newport. At the breaking out of the civil war in this country he was practicing medicine in Waverly, Pike county, O. He entered the service August, 1861, as captain of company D, Thirty-third Ohio Volunteer Infantry, was promoted to major March 23, 1862, and to lieutenant-colonel July 16th in the same year. With his regiment he participated in the battles of Perryville and Chicamauga.

In 1864 he graduated at the Eclectic Medical Institute, Cincinnati. He has practiced medicine in Newport, Ky., since 1864, having one of the largest and best practices in the State of Kentucky. For six years he was city physician of Newport, having charge of the City Hospital, jail, and all outdoor poor. In 1871 he was appointed Professor of Materia Medica and Therapeutics in the Eclectic Medical Institute, which chair he held with great credit to himself and his important branch of Materia Medica and Therapeutics, until his death. His lectures have been collated and added to by Prof. H. W. Felter, and published as "Locke's Syllabus of Materia Medica and Therapeutics." He was an active member of the Cincinnati, Kentucky, Ohio and National Eclectic Medical Associations. He had resided in Newport, Ky., since about 1864, and was recog-

nized as one of her foremost citizens and physicians. Dr. Locke married, first Miss Sarah Jane Glover, of Portsmouth, Ohio, by whom he had nine children; his second wife was Miss Anna Grant, of Mayville, Ky., by whom he had one child; his last wife was Miss Elizabeth Grant, also of Maysville and a sister of his second wife.

As a teacher of materia medica and therapeutics few men have served so long and acceptably as had Prof. Locke. Dr. Locke was a perfect type of the Kentucky gentleman, and an orator of uncommon ability. The students and graduates revered him as a father. Since the death of Professor Scudder in 1894, he has been Dean of the Faculty.

Dr. Locke's funeral, which was held Sunday, Sept. 13, was largely attended by many prominent physicians from Ohio, Indiana, and Kentucky, attesting the great veneration in which he was held by those who had set under him as a teacher. Among other tributes of respect the Campbell County Medical Society, composed of regular and homeopathic physicians, met and passed resolutions, and appointed a delegation to attend the obsequies. No teacher ever loved his college better than Dr. Locke, and none will be more missed from its halls than he.

H. W. F.

## Original Articles

### Chemical Diagnosis.

BY MAX MEYER, M. D.

It seems singular that *chemical* diagnosis has not been cultivated as it should be. We can determine in urine saccharine, albuminous and other constituents—we are able to point out absorption and other functions of the stomach, its acidity or alkalinity—we can recognize in mother's milk certain abnormalities—we can enumerate in the blood the red and white corpuscles, estimate haemoglobin, salts and



extractives—we can discern the various micro-organism in these fluids, but it is very difficult to make from the most exact examination a correct diagnosis, and it seems, therefore, to be impossible that a *chemical* diagnosis could aid us in detecting pathological conditions of other organs save the kidneys and stomach. A large field is open to the investigator of *chemical* diagnosis and although hard and persistent work and great scrutiny is necessary for a success, every point gained will not alone give satisfaction but will be crowned with triumph. The possibility of successful results in such researches I will attempt to point out, in the hope that it may serve as an impetus to collaborate in this direction with me.

It has been well known for a long time that certain chemical substances and various articles of food (crabs, mussels, strawberries, etc.) produce in some persons a rash even a cutaneous eruption.

Quinine, antipyrin, salicylic acid, silver nitrate, etc., sometimes in minute doses not alone produces in many persons a rash but also a severe catarrh of the stomach. The cause of this phenomenon has never been satisfactorily explained, but was cut short with the word "idiosyncrasy." If quinine is taken for a long time internally, we find that it cannot be borne without serious results and for this reason I tried to introduce it into the system in the form of an ointment and in all cases in which the gastro-intestinal tract was involved I found always the appearance of a rash more or less severe in character.

Careful investigation of numerous cases showed from anamnesis, that poisons inherited by atavism, such as syphilis, scrophula, tuberculosis, cancer, etc., are the real cause. The more the system is saturated with the poison the more severe will be the eruption—the more one particular

organ has received it the greater will be the reaction upon that area.

From the foregoing I deduct the following points:

1. The more poison the skin contains the more severe the quinine eruption appears and vice versa.

2. The more the gastro-intestinal tract is saturated with the poison the more severe the dyspeptic and catarrhal phenomena show themselves even when minute quantities of quinine are taken internally.

3. When the skin has received the larger amount of poison the eruption will appear even when quinine is taken internally in very small doses, but a remedial effect is not noticable because the gastro-intestinal fluid destroys the property of quinine and that small amount which might be carried into the cutaneous capillaries cannot produce any reaction.

4. On the other hand, if the stomach has aquired the poison an external or a hypodermic application of quinine will suffice to produce a remedial effect upon the stomach because the cutaneous capillaries absorb readily the quinine and by means of the blood circulation convey it directly to the stomach without coming in contact neither with the mucous membrane of the stomach nor with the gastric juice, hence no decomposition can take place.

5. The quinine eruption will appear in first line on those areas which have been saturated completely with the poison and the rash comes out immediately over the corresponding place of an organ below the skin.

6. The quinine ointment need not be applied directly over the diseased area as the nostrum may be used over a remote part of the body and invariably the rash comes out on the diseased areas. Persons who apply the ointment to others absorb through the epidermis of their hands

enough quinine resulting in an outbreak of an eruption if they have primary areas strongly saturated with hereditary poison.

7. If the system contains a moderate amount of inherited poison, quinine will neither produce a skin eruption nor a stomach affection, but on the contrary effects a cure.

The diagnostic value of quinine and similar substances is not limited alone to the skin and gastro-intestinal tract having been saturated with inherited poison, but to all other organs so that we can detect positively in advance where and when an organ is seriously affected. The diagnostic value of the property of quinine and kindred substances is undoubtedly a very interesting one and might be an impetus for further investigations which opens a wide field for physiology, chemistry and therapy.

New York City.

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### Some Somatic Effects of Suggestion.

BY J. THORNTON SIBLEY, A. M., M. D.

Man's love for the marvelous and enigmatical is no less pronounced to-day in certain directions, than it was a century ago; and he who in speaking or writing is able to mystify, is sure of an attentive audience. This fact is responsible in some degree for the preference shown by many investigators of psychological phenomena, for those things of a purely subjective nature. Admitting that the most startling effects of suggestion are to be found in the phenomena of a purely psychical bearing, it cannot be denied that some of the most interesting and practical problems that present themselves for the consideration of the scientific investigator, are to be found among those of a purely somatic or physical character.

From the time of the modern revival of phycho-therapeutics by Anton Mesmer in the latter part of the eighteenth century, down to the year of 1880, most writers and

investigators, especially among the French, who have always been foremost in this line of thought, the strictly psychical phenomena were deemed of special importance; although there were some scientists, notably in Italy, who made many important discoveries along the line of the purely physical. About this date many of the German psychologists turned their attention to the latter phenomena, with the result that the scientific world has been given much valuable information, and many of the most interesting problems of psychic research, hitherto seemingly inexplicable, have become simple and plain. A few year prior to this date a Danish hypnotist, Carl Hansen, visited all the important countries of the globe giving exhibitions of a startling character; and his work in the cities of Germany, incited many investigators to further experiments. This remarkable man, for remarkable he was in showing the effects of suggestion on the physical body, is not usually classed among the scientific investigators of his time, for he was really more of a showman than scientist, and his methods, especially those used to induce hypnosis, were never approved by the scientific men of the day; but as alchemy excited an interest that led to the study of scientific chemistry, and astrology kept active the interest in astronomy during the dark ages, and preserved much of importance in connection with that interesting science, so men like Hansen, charlatans though they may have been, aroused a spirit of investigation that led to results of a most beneficial character.

Foremost among the German scientists who became interested through the work of Hansen, was Oscar Berger, the eminent neurologist of Breslau. One of the early demonstrations of Berger was to show that ordinary sleep can be changed into genuine hypnosis; an experiment that has since become quite common.

This can be done however only with those who are especially sensitive to hypnotic influence, and who have been well trained.

Berger also demonstrated that the various phases of hypnosis, over which there has been so much controversy, and concerning which there is yet the greatest difference of opinion, are also largely a matter of training; and the various conflicting enumerations of the stages of hypnosis that are to be found in the many works on the subject simply show that the many experimenters have not worked under similar conditions or that their subjects have not been of like idiosyncrasies.

The changes in the voluntary motor system are perhaps the most common among the physical effects of suggestion. Berger showed that an induced cataleptic position that could be maintained for a few minutes only in the waking condition, could be continued for seven hours during hypnosis; and Albert Moll the eminent German authority on hypnotism, states that such cataleptic positions have been maintained for a period of seventeen hours. It is noticeable that the assumed cataleptic positions of the arms will continue much longer than cataleptic positions of the legs. This is also true of the positions of the arms and legs in a non-hypnotic condition. The question whether or not the muscular power of a subject is increased or diminished by hypnosis is still unsettled; although dynamometric investigations of recent careful observers would seem to indicate that this power is not altered by hypnosis, and any change is due to suggestion; under the influence of which, it may be weakened to the extent of complete paralysis or augmented much beyond the normal. Another striking effect of suggestion on the motor system is sometimes seen in the agility and grace exhibited by persons who in the normal state are sluggish and awkward in their movements.

The effects of suggestion on the special senses is most remarkable in good subjects. The sight may be made so acute that a hypnotic subject will pick out a card from a deck, the backs of which have been shown only, and a certain card selected to be designated by the subject after the deck has been thoroughly shuffled. Some little mark of identification, that would not be seen in the normal condition, is readily detected by the subject. A good subject will use a piece of board, a book, or other non-reflecting surface, and plainly see objects as in a mirror. The sense of hearing which is not altered by simple hypnosis becomes wonderfully acute under the influence of suggestion. Braid is authority for the statement that it sometimes becomes fourteen times as acute. Whispers that cannot be heard a yard away, can be plainly heard across the room.

The hallucinations and illusions of the special senses are the common stock in trade of the public hypnotist; and they constitute a most interesting subject for investigation. The alteration of the sense of taste by suggestion is a common experiment; and no experienced public hypnotist will dismiss his audience till some of his subjects have eaten onions and potatoes for apples, and drunk water for wine. In these cases the greatest relish is shown by the subjects, and the enjoyment is just as great as it would be were they indulging their normal appetites with real apples and wine.

The sense of touch is readily altered through suggestion; especially is this true in regard to suggested sensations of temperature. A good subject may be made to become so warm that he will actually perspire, get red in the face and otherwise show his discomfort. On the other hand he may be made to shiver with cold, and wrap his coat about him, when the temperature is intolerably high. The sensa-



tion of itching is readily induced by suggestion; and a common post-hypnotic experiment is to cause a sensation of itching on a certain part of the body and give the suggestion that the same spot will itch at a certain hour the next day. Although the subject may be in a state of complete somnambulism with amnesia on awakening, the itching will take place at the time designated.

The sensations of hunger and thirst can be induced through suggestion; and according to good authorities persons have been made to go a fortnight without food and without suffering any discomfort. Although a person may have eaten heartily within the hour, he may be made ravenously hungry.

That a state of analgesia can be induced by suggestion, during which surgical operations may be performed, is a statement so often made, and a problem so often demonstrated, that no detailed consideration of the matter is warranted here.

There is no more remarkable effect of suggestion than that shown in its influence over the circulation. That there is no change in the circulation under the influence of simple hypnosis, has been clearly demonstrated; but the alteration attributed by some writers to hypnosis, is always due to the influence of suggestion, sometimes unconsciously given. Many cases of hemorrhage can be controlled by suggestion; and many minor operations can be performed without the loss of any quantity of blood.

On the other hand, the circulation in certain parts can be so altered as to produce an increase in temperature and congestion. This has been witnessed in a striking degree in the production of bloody stigmata on fanatical religious subjects who usually enter a self induced trance condition; a genuine hypnotic state. The influence of suggestion on the circulation was most interestingly shown

in a case that recently came under my notice. A young man while engaged in playing ball was struck a severe blow on the deltoid a short distance above the insertion, I saw him a few hours after the injury and the arm could be lifted with pain and difficulty. There was a deep red spot about the size of a silver dollar showing the point where the blow was struck. I readily induced a passive somnambulist state and suggested forcibly that all pain had vanished, that he could use his arm as well as ever and that there would be no discoloration. The last point, the absence of discoloration is the interesting feature of the case. Under ordinary conditions there would have been extravasation of blood and subsequent ecchymosis. The next day when I saw him, his arm was free from pain and there was a faint pinkish outline only to mark the injured part. He was treated again; and twenty-four hours subsequently there was not the slightest trace of the injury, and absolutely no pain or stiffness. Delboeuf, the eminent Belgian phychologist made many interesting and instructive experiments along this line; and demonstrated clearly that cuts and burns heal much more rapidly under the influence of suggestion, than when treated in the usual manner.

All these things tend to emphasize the fact that the subjective mind has complete control of the functions and sensations of the physical body; and if such be the case, why should there be any doubt concerning the efficacy of suggestion in controlling abnormal physical conditions, especially those depending upon functional derangement?

There is an important lesson to learn from these deductions; a lesson that ought to become the special study of every true lover of humanity. Because charlatans and quacks have in years gone by made these things their own for the

purposes of gain, because some disreputable people to-day are robbing the credulous through the many means of modern advertising, and because the scientific world held aloof, and was slow to recognize the immense importance of the subject, no excuse is good enough to-day, in pleading ignorance of this most important branch of knowledge.

The successful physician of to-day must be a psychologist; and whether he ever saw a book on suggestive therapeutics or not, unless he understands something of the laws of suggestion, and their methods of application, he cannot be a great physician. As long as the world lasts, or at least as long as man remains the materialistic animal that he is, will material medicine be administered; but its effects are so wonderfully enhanced when supplemented by suggestion that we are forced to take the position, that no physician is a really good physician, who is not a psychologist.

Brooklyn, N. Y.

### Dysmenorrhoea.

BY MAX AUGSBURGER, M. D.

Of the many diseases of the female pelvic organs which the physician is called upon to treat. "painful menstruation or dysmenorrhoea" is undoubtedly the most frequent. Pain to a greater or less degree is so common at the time of the menses, that some authorities now consider it a normal accompaniment of this process. Certainly the absence of pain is of such rarity that it may be looked upon as an anomaly.

At one time dysmenorrhoea was regarded as indicating a mechanical difficulty in the escape of the menstrual blood (obstructive), when every case was supposed to indicate a forcible dilatation of the cervix, and a curetting of the uterus; this impression largely prevails at the present time. While no one can deny

that occasionally cases require such treatment, experience has taught me that they are not of frequent occurrence, and that the majority of cases of dysmenorrhoea can be cured without surgical interference.

I have kept careful note of all cases of dysmenorrhoea that have come under my care within the past ten years, and find that the obstructive variety occurred in but 2 per cent., while the neuralgic and congestive were the varieties mostly met with.

The medical treatment of dysmenorrhoea as ordinarily followed I have found very unsatisfactory. In some cases they give relief, but in the majority of cases I have noted failures. Relief is sometimes obtained by hot drinks which act as relaxants, but in severe cases, even preparations of viburnum (which is highly recommended by some authorities), I have found to be valueless. The coal tar antipyretics and anti-neuralgics give relief in a much greater number of cases.

It is the good results reported with the coal-tar preparations, that led me to experiment with a relaxant and anti-neuralgic which is devoid of the depression frequently attending the administration of such drugs, and that is gelsemium. In my hands gelsemium has always given marked relief, and when properly used has proved a most valuable remedy, in not only giving relief, but curing this painful affection.

To illustrate the value of this preparation and mode of administration I cite the following cases taken from my note book:

Mrs. L. age 29.—Married, one miscarriage. General health good, has not been sick since childhood. Began menstruating at 14th year, recurs at regular intervals, and normal in quantity. Excruciating pains attend each period, which become so severe that she rolls upon the floor, and sometimes attended by fainting spells. Examination

fails to reveal and abnormality, excepting a slight tenderness of the internal os.

Gave this patient everything recommended for this condition with negative results. Had almost given up hope of relieving her when I decided to give her the following, with instructions to *begin taking same one week before* and continuing throughout the period:

R Tinct. gelsemium ʒiv.

Elixir simpl. ʒiiss.

Sig: One teaspoonful four times a day.

Marked improvement was noticed at the first menstrual period, during the above treatment, while the second period was entirely free from pain; the first painless menstruation which the woman had in fourteen years. This treatment was continued for six months, and after discontinuing same (it is now 8 months) there has been no return of the pain.

Edith R. age 18.—Stenographer. Has had dysmenorrhoea since puberty. Slightly anemic but otherwise in good health. Has been under the care of a number of physicians who gave her Haydens Viburnum Comp. Dio Viburnia (these were bought in original bottles), and many other remedies all of which failed to give relief. Began treatment with:

Tablets suprarenal armours, No. C.

Sig: One 3 times a day.

After 30 days trial with no improvement, treatment was discontinued, and gelsemium was substituted.

Since beginning the gelsemium the menstrual periods have been free from pain, but the treatment has been continued, for on omitting to take medicine a few months ago the menstrual period was again painful.

Ida C., domestic, age 31.—Unmarried. Has had dysmenorrhoea as long as she can remember. Suffers excruciating colicky pains during the first day of each period. Has taken a great deal of medicine, has also had uterus curetted in

Womans Hospital with little or no improvement.

Have had this woman under observation for the past 21 months, during five of which she was given the gelsemium with marked results. Since then although medicine has been discontinued, her menstruation has been painless.

In making known my experience with gelsemium in the treatment of dysmenorrhoea, I do not claim anything new or original, but if you have never used it in such cases, give it a trial and I will guarantee you will be satisfied with results.

Brooklyn, N. Y.

### Asclepias Tuberosa.

BY O. A. HYDE, M. D.

This drug is too well known to need special description, except to say that it is indigenous to the United States, and that it belongs to the milk weed family found principally in old meadows, where its beautiful orange-red flowers in terminal clusters, or umbels, appear at the tops of the plant stalks.

It is probably serviceable in all prescriptions, as it favors physiological action, and has, therefore, been advised for a long list of diseases.

If we classify them we shall find that they comprise, affections of the mucous membranes, serous membranes, the nerves, as in hysteria and menstrual and inflammatory diseases.

This drug manifests its special power or function in the respiratory apparatus, particularly the pleura; hence its common name "Pleurisy Root."

It is so prompt and efficient then, that I believe that pleuritis may, in almost every case, be aborted by the early and free use of asclepias tuberosa, taken frequently with draughts of hot water.

I have found it of certain benefit in the pains that follow pleuritis at the site of the adhesions, and that often are very severe,



from time to time, even for years after the disease had been cured; one large dose sometimes giving complete relief from the distress.

Very recently I have had excellent results in pharyngitis, from use of *asclepias tuberosa*.

Some experiments on animals have been of interest, and I may refer to the use of this drug by some of my country relatives, who tried it upon a young calf, that seemed about to die from exposure to cold, wet weather.

The results were prompt and very satisfactory, as the animal quickly recovered.

Thereafter, it was kept on hand for use in similar emergencies.

*Asclepias tuberosa* has been used by my immediate relatives and family for many years for congestive conditions of the respiratory apparatus; avoiding technicalities and calling it "congestion medicine," thus indicating its sphere of usefulness.

It has proved to be of the greatest service in relieving almost immediately pulmonary congestion occurring with urticaria; the skin soon assuming its normal color, and the pruritis disappearing.

The fluid extract or a strong tincture in large dose given either in, or followed by, a glassful of hot water was the form of administration. Weak tea or some flavoring might be added to the hot water to render the dose more pleasant.

It is in dilatation of the heart, however, and probably where some arterial sclerosis exist that I wish to emphasize its importance as it gives most prompt and grateful relief from the short breath or dyspnoea, and the distressing pain at the pericordium, even after the usually excellent heart tonics had failed.

I regard these results as dependent upon the power of this drug to increase the cutaneous, and probably the general capillary circulation, thus relieving the heart from the great effort necessary in its weakened condi-

tion to force the blood through the already atheromatous and, therefore, partly occluded arteries. Its action under these conditions is wonderful.

Its irritant or nauseating effect on the stomach, sometimes noticed, can be modified or relieved by licorice compound and better by essence of pepsin.

New York.

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### LETTER TO THE EDITOR.

Dear Sir:—I desire to say a word in answer to Dr. Toms' article on Calomel in the August number of the REVIEW. I think very few of the older eclectics use calomel. The "recent graduate" the first few years uses it quite freely, largely because he has been warned against it, mercurials have a fascination for him. It is a case of the forbidden fruit.

After a few years of practice he begins to realize that most of the patients he is called upon to treat, have been saturated with these remedies and in many cases made worse and when he has seen the suffering and torture directly due to their use, he will realize that there is a better, safer, and more humane way of treating.

It has been so clearly demonstrated many times that salivation has followed the administration of calomel, even in homeopathic doses, that I will not take up time repeating them, and as to its stimulating "the biliary secretion of the liver, causing a flow of bile" the experiments of J. Hughes Bennett of Edinburgh, disproved this many years ago.

Let us take the indications that Dr. Toms gives and the conditions that these indications represent and see if we cannot find a safer remedy. I think the indications which the Doctor gives can be properly met by remedies that will not only relieve the difficulty but are easily eliminated and do not have to be followed by "magnesia or other saline" to get rid of the remedy.

The indications given by Doctor Toms are

"somewhat coated tongue, slight fever—more or less malaise." Podophyllin, lepodandrin, irisin, chionanthus, wahoo, and a host of other remedies meet these indications. Had the Doctor been a little clearer as to the condition of the tongue we might have been able to give the single remedy indicated.

Yours truly,

O. W. SUTTON, M. D.

Bath, New York.

## Therapeutics

Edited by

JOHN WILLIAM FYFE, M. D.

All articles for this department should be sent to Dr. J. W. FYFE, Saugatuck, Ct.

### *Cimicifuga Racemosa.*

*Cimicifuga* is commonly known as *Macrotys* and *Black Cohash*. It is also known in some sections as *Black Snake Root*, *Squaw Root*, and by several other common names. It has a very wide range of therapeutic usefulness, and is, therefore, a frequently indicated remedy in many abnormal conditions.

In diseases of the organs of digestion it aids much in restoring normal activity in the digestive and nutritive functions, and in cutaneous diseases its alterative property is always markedly manifested. In diseases of the nervous system *cimicifuga* is a remedial agent of merit. It here increases tone and unity of action, relieves pain, quiets irritability, reduces the frequency of the pulse and equalizes the circulation. In the treatment of the wrongs of the reproductive organs of women it is many times a much needed remedy. The influence of the drug on these organs is toward normal functional activity. In amenorrhoea it is promptly beneficial when given in doses of from five to ten drops of the specific medicine, and in leucorrhoea its curative action is unmistakable. In medium doses it will promptly

modify the pains of dysmenorrhoea, and when not dependent upon structural wrong, will cure the abnormal condition within a reasonable period. It is also a very useful remedy in the afflictions incidental to pregnancy, and its continued use greatly lessens the many aches, pains, and other unpleasant sensations of the child-bearing woman during gestation. The spasms of hysteria, when not arising from displacement of the uterus, are frequently controlled by this medication, and in chorea its anti-periodic power has often proved an essential part of the treatment. Its powers of arousing the impressibility of the nervous system makes it an available remedy in chlorosis, and it is said to do much toward removing a tendency to prolapsus and other displacements of the uterus. As a means of promoting delivery many physicians esteem it very highly. When the contractions are feeble and irregular five drops of the specific medicine every two hours will do much good. In chronic rheumatism *cimicifuga* is an efficient remedial agent. The dose in this disease should be sufficiently large to bring the patient fully under the influence of the drug, and the medicine should then be continued in small doses as long as needed. Colds, coughs and all spasmodic affections of the respiratory organs come within the therapeutic range of this remedy, and epilepsy has been much improved by its exhibition. It will usually lessen the severity of the symptoms, although it will not prevent their return. *Cimicifuga* promotes the secretive power of the liver, and is, therefore, a remedy of some merit in hepatic derangements. It is not as prompt in its action as some other remedies, but it does its work well.

Two drachms of specific *macrotys* (*cimicifuga*) and four ounces of alcohol constitute a good application in rheumatism, lumbago, neuralgia, spinal irritation, indolent swellings, synovitis, indolent indurations or enlargements and contracted joints.

Cimicifuga is alterative, stimulant diaphoretic, diuretic, expectorant and tonic. In over doses it produces a considerable cerebral disturbance, with vertigo, nausea, prostration, pain and fullness of the head, and a peculiar aching in the joints. When taken in large quantities its action is much like that of alcohol. A strong infusion of green tea or roasted coffee is said to counteract its impressions.

The following are among the leading specific indications for this remedy: Muscular pain in the back, loins and thighs; sense of soreness, with dragging pains in the uterus; deep-seated muscular pains, with hot skin and sweating; ovarian pains; dull, tensive intermittent pain, as if dependent upon a contracted state of muscular fibre; soreness of muscular tissue; slow, irregular, scanty or protracted menstruation; dysmenorrhea, when evidence of a rheumatic diathesis is shown; afflictions incidental to pregnancy; chronic muscular rheumatism; soreness of the respiratory apparatus, giving a sensation of being bruised.

The dose of cimicifuga is from 1 to 30 drops, but in most cases the following prescription will furnish a dose of sufficient strength:  $\mathcal{R}$  Cimicifuga (Macrotys), gtt x to xx, water,  $\mathfrak{z}$ iv; teaspoonful every hour or two.

### Poisoning.

(Continued from page 227.)

#### VEGETABLE IRRITANTS.

The most important of the simple vegetable irritants are aloes, colocynth, jalap, gamboge, scammony, elaterium, croton oil, castor oil seeds, the various species of arum, euphorbium and bryony.

*Diagnosis.*—The symptoms caused by these irritants are severe pain in the intestinal canal, vomiting, diarrhoea and tenesmus, followed by cold sweats, collapse, and sometimes convulsions.

*Treatment.*—Emetics should be given to

remove the injurious substance, unless vomiting has freely taken place. In the latter case vomiting should be encouraged by diluents. If the poison has passed into the intestinal canal, active cathartics should be given to carry it off. The inflammatory conditions which follow poisoning by this class of agents should be very carefully treated. This treatment must be entirely symptomatic, and the remedies used should be selected in accordance with their specific indications.

#### VERATRUM ALBUM.

*Diagnosis.*—This drug in large doses causes violent vomiting, purging, dilatation of the pupils, great prostration, lowering of the heart's action, cold sweats, convulsions and death.

*Treatment.*—Vomiting should be promoted and cathartics given. Stimulants should also be freely used.

#### ZINC, CHLORIDE OF.

Solutions of the chloride of zinc, such as are used for disinfecting purposes, are very poisonous. The chloride of zinc is a dangerous irritant, and in strong solutions a powerful corrosive poison. Fluid preparations of this drug have been mistaken for fluid preparations of magnesia, and for other liquids, and in this way death has sometimes been caused.

*Diagnosis.*—When a solution of the chloride of zinc is swallowed a burning sensation is at once produced in the mouth and throat. This is followed by nausea, vomiting and signs of collapse, purging and sometimes cramps. Death has been caused in less than two hours.

*Treatment.*—Albuminous drinks, such as milk and the white of eggs, should be given freely. Preparations containing tannin should also be employed.

#### ZINC, SULPHATE OF.

The sulphate of zinc is a mild irritant, much like epsom salt and oxalic acid in appearance. One ounce has caused death.



*Diagnosis.*—When this substance is taken in poisonous doses severe pain in the stomach, vomiting and prostration soon set in. Subsequently there is severe gastritis, from which recovery is very slow.

*Treatment.*—Vomiting should be encouraged by the free use of milk or any albuminous fluid. As antidotes, drinks containing tannin, such as strong tea, decoctions of oak bark, or the tincture of Peruvian bark, should be given freely.

(Concluded.)

### Cactus Grandiflorus.

The article which follows, written by Dr. W. E. Boyer, constitutes the most thorough and accurate study of the therapeutics of cactus that has ever come to my knowledge. It is a very interesting, able and exhaustive paper. After making a few introductory remarks, the doctor says:

"Nearly all agree that cactus acts decidedly upon the cardiac plexus of the sympathetic, and that therefore, its effects are as far reaching as are not only the minute distributions of this nerve, but, even so far as to reach and effect the lumen of every capillary in the body. Two things are of absolute necessity to the well-being of every mortal: they are *good blood* and its *good* distribution, or circulation. Then, these are so inter-dependent that their respective values to the organism can not be differentiated. It is enough for our purpose, just now, to hint that all heart remedies, etc., must fail, unless there be good blood-making going on at the time the remedy is given, and that it is therefore a necessity that digestion and assimilation must not only be not disturbed, but must be fostered and favored through every means. With good blood and plenty of it, and a heart that can send this same good blood to every particular cell in the body, there is little chance indeed for the existence of pathologic influences, or for them to make any progress, if they be permitted to exist.

"So then we will say that cactus under certain conditions is such a remedy; it stimulates the vaso-motor centers, the sympathetic ganglia of the spinal cord, and of the heart muscle. Usually, it does not disturb the stomach, etc., yet, when given in sufficient doses, it does produce physiologic, or toxic effects. They are irritant in character, even to the production of diarrhoea, spasm of the heart, neuralgia, carditis and pericarditis. This is true of over doses. Its long continued use in medical doses, has no baneful effect. It has no so-called cumulative action, like digitalis and some other drugs.

"Cactus is indicated in impaired heart action, whether functional or structural. Of course it will not *cure* the latter troubles. But, when the pulse is feeble, irregular, quick, irritable, nervous, and the patient complains of oppression of the chest, a grip, as of an iron band upon the heart and there is fear, apprehension, mental depression, palpitation, worry, hysteria or hypochondria, cactus is *the* remedy. In functional heart troubles, when the heart muscle is weak, or disturbed by gastric reflexes, cactus is an excellent remedy. In organic valvular lesions with failing compensatory enlargement, and the action of the heart is irregular or intermittent, in short when there is regurgitation due to valvular insufficiency, cactus strengthens the action of the unimpaired muscle. While it will not close dilated openings, or overcome valvular deficiency, it will bring about a better action of the hopelessly and permanently impaired organ. The same is true of the action of cactus when given to him who has so-called "fatty degeneration" of the heart. Because of its certainty in increasing heart power, cactus is contra-indicated in mitral stenosis, and to our knowledge this is the only bar to its administration in medicinal doses.

"In carditis, that is myocarditis, endocarditis, and pericarditis; in several arrhythmia due to any cause; in angina pectoris; in

severe palpitation; in the cardiac weakness, or threatened heart failure, due to exhaustion from over exercise, as by cycling—the “bicycle-heart;” the “tobacco-heart” of the cigarette fiend or inveterate smoker; the masturbator’s heart; the neurasthenic heart of old age, or of the nervously exhausted man or woman, are all benefitted by the proper administration of cactus. In all of these lesions there will be prominent that complaint of precordial oppression, of the grip, or vise-like band about the body, or affected organ; it may be the chest, or stomach, or bowel, or bladder, or uterus, or vagina—any part or organ. The pain may be darting, lightning, springing, in the beginning, to become more and more severe and binding. There may be fluttering, difficult breathing, suffocation, faintness, cold perspiration, and great fear of impending danger. Our homeopathic friends prescribe cactus, when added to the above symptoms there be epistaxis, hematemesis, or hemorrhage from any organ or part.

“Cactus seems to be especially valuable in the treatment of some peculiarly nervous women. In these, add to the above symptoms, or as a part of their symptomatic story to you, will be cerebral congestion, heavy pain and weight in vertex, or occiput, or both; numbness of arms and legs; cough at suprasternal notch; pain behind sternum; fear of death, or of incurability; general plethora and congestion; of menstrual troubles, the flow is too early, too dark, too abundant; or ceases when lying down; there is inability to lie upon left side.

“Cactus is an excellent remedy for that peculiar individual the “cigarette fiend,” and for that other man (or woman, for we have seen one or two), with the “tobacco-heart.” In these cases cactus is most efficient, and we deem it an almost absolute necessity in their treatment. Cactus is a remedy for some cases of impotency and sexual exhaustion, whether it be due to nerve exhaustion, the approach of age, or to

dissipation through over indulgence in venery or in intoxicants. In chronic dyspeptics, with exhaustion, cactus is an efficient remedy.

“Cactus is recommended in the treatment of exophthalmic goitre to influence the circulatory wrongs. In tinnitus aurium it is suggested. The dose of specific cactus is from the fraction of a drop to five drops. The smaller doses may be repeated quite frequently. The larger doses should be given only every three or four hours, and should be continued for months and months. Pulsatilla is an excellent companion remedy for cactus. The same is true of tiger lily, and of the aesculus hip. especially for the fullness and constriction. In the restoration of wasted or exhausted sexual powers, avena sativa and saw palmetto, or nux are helping up-builders. Fever is no contra-indication to the prescription of cactus, though it is most frequently indicated in cases in which there is no increase of temperature. Cactus is an excellent remedy at the climacteric in nervous women, lachesis of the homeopaths is a time.

In those nervous cases where menstruation is scant, too early, ceases on recumbency, or is painful, try cactus. In hemoptysis, when the heart-beat is strong, throbbing, painful, and there is great anxiety, with fever or no fever, cactus should be given with lycopus. When the same conditions prevail in angina pectoris, cactus should not be forgotten. Spigelia and hyoscyamus are two other sovereign remedies when the heart is tumultuous in its action due to nervousness. In womb troubles, with vertex pain, cactus is frequently an excellent remedy, and very often tiger lily is just as excellent as a helpmeet.”

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#### **Crocus Sativus.**

*Common name.*—Saffron.

*Natural order.*—Iridaceae.

*Part used.*—The Stigmas.

*Description.*—This perennial herb has a

roundish bulb. The leaves are narrow, long and surrounded at the base with long membranous sheaths. Its flowers are large, axillary, abundant and orange-yellow in color. The plant has a powerful, aromatic, somewhat stupefying odor, and a bitterish and acrid taste.

*Dose.*—Fluid extract, 10 to 60 drops.

*Usual prescription.*—℞. Crocus, gtt. v to x, water, ℥iv. M. Sig. Dose one teaspoonful every hour.

*Indications.*—Suppression of the lochial discharge; pains in the lumbar region accompanying menstruation; congestive dysmenorrhoea, especially when the discharge is dark and stringy; colic and flatulence; hysteria; chlorosis.

This agent possesses a considerable therapeutic power and should receive further study. The claim sometimes made that it is inert is not well founded.

Crocus sativus is diaphoretic and emmenagogue.

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### Apocynum Cannabinum.

This is one of our indigenous drugs that seems to have been almost forgotten by the majority of physicians, in the rush for something new; it has not received the careful study and proving that it deserves.

During the past winter I have prescribed it in several cases of albuminuria presenting the following symptoms: pulse, rapid but lacked strength; temperature, in the morning below, and in the evening, very little above normal; appetite poor, and dirty white coat on tongue; stomach and abdomen, full and doughy to touch, accumulation of gases in stomach and bowels with eructations; occasional night sweats and oedema of extremities.

It was prescribed in first dilution and never more than in one drop doses; generally twenty to thirty drops to water four oz. a teaspoonful every two hours. If there is nausea alternate with ipecac first dilution, five to ten drops, water four oz. a teaspoon-

ful every two hours. It is better to give these two remedies in alternation in both cases, as apocynum alone will produce nausea in a great many cases, and cannot be continued long on that account. In using the remedy in this way it is pleasant and prompt in its action. The appetite and digestion improves, the oedematous condition subsides, and the amount of albumen daily decreases till in a short time it entirely disappears and the patient rapidly regains the usual health and vigor. Now, I do not claim that apocynum is a specific for Bright's disease, but, if, in any case, you have these symptoms, or the majority of them, no difference what the name is, give apocynum and your patient will get well if there is vitality enough in him to recuperate. What I wish to call your attention to, in particular, is the effect of this remedy in obesity and corpulence, and rheumatism, presenting the symptoms heretofore named. In these troublesome cases, the result has been surprising. Corpulent patients have decreased in size around the waist six inches in one month, and decreased in weight nearly twenty pounds in the same time: with a corresponding increase in health and strength. The only noticeable effect to most patients was an increase in the amount of urine passed and a more regular action of the bowels with an increased tendency to physical exercise. In some of the cases that were relieved by this remedy, there were frequent eructations from the stomach, and some very unpleasant cerebral fullness, and loss of consciousness, a few seconds at a time.

As an anti-fat it deserves an important place in therapeutics. When obesity is becoming a burden to the patient, and there is a plethoric condition, with gastric and cerebral disturbance, apocynum will give prompt and active relief, and reduce the excessive fat materially, and is free from unpleasant after effect.

Do not become skeptical in regard to this



treatment on account of the dilution of the remedy, and the small dose prescribed, but test it without prejudice at the first opportunity that presents and satisfy yourself.—*Lincoln Med. Outlook.*

### Carum Carui.

*Common name.*—Caraway.

*Natural order.*—Apiaceae.

*Part used.*—The seeds.

*Description.*—This biennial plant has a fleshy root, and an erect, branched, leafy and furrowed stem. Its leaves are bright green, petioled and doubly pinnate, with numerous opposite leaflets. Those on the stem are much smaller than the others, opposite and very unequal. The flowers are numerous, white or pale flesh-color. The seeds—or mericarps—are ovate, elongated, recurved, of green-brown color, and have five lighter colored primary ridges. They have a peculiar aromatic odor, a spicy and heating taste, and to alcohol readily yield a volatile oil, which has the peculiar taste and fragrance of the seed.

*Dose.*—Fluid extract, 30 to 60 drops; oil 1 to 10 drops.

*Indications.*—Flatulent colic, especially of children; coughs, especially whooping cough.

This agent has been principally used in combination with other drugs to correct disagreeable properties, but Dr. J. G. Bennett, of Halifax, N. S., claims that he has found it a very efficient remedy in whooping cough. In writing to the *Chicago Medical Times* the doctor says: "I have employed caraway oil in many cases of whooping cough, and find that it gives instant relief. A few drops of the oil should be rubbed on the pit of the stomach and a hot flannel bound over it. In many cases the second application completes the cure. Another way of using the remedy is in pulverizing the seed and mixing it with a similar quantity of sifted linseed meal and placing it in very coarse cloth on the pit of the

stomach. I may say, also, that this relieves almost any form of cough."

Carum Carui is an aromatic carminative.

The *Iowa Medical Journal*, in calling attention to the danger attending the use of the bi-chloride douche in obstetric practice, says that the danger lies not so much in the strength of the solution as in the large amounts which are sometimes used. The symptoms of poisoning appear in about twenty-four hours, there being gradually increasing abdominal pain and diarrhoea, tenesmus, bloody stools, diminished amount of urine, failure of pulse and respiration, gradually appearing collapse, and death in anywhere from three to ten days. Weak solutions may produce these results if used in large amounts.

Dr. Robert C. Kenner, in giving his treatment of typhoid fever in the *Medical Summary*, says:

"Milk is the ideal food in typhoid fever, and we should see that our patient gets, enough. If we get the patient to take two quarts daily, we may fully rely on his making steadfast headway. The formation of curds can be prevented by adding of about an half ounce of lime water to each glass of milk. Another important matter is to give the patient who has typhoid fever, plenty of water. A tumblerful every three hours, at least should be taken."

Tablets of apomorphia should always be carried in the medicine case to be used whenever a quickly acting emetic is needed. One-tenth of a grain hypodermically administered will produce emesis almost immediately.

In chronic enlargements of the cervical glands, scrofulosis, macrotys is probably the equal of any remedy, not excepting potassium iodide.—*Summary.*

## Society Meetings

### Society Calendar.

National Eclectic Medical Association. Meets at St. Louis, in June 1904. R. L. Thomas, M. D., president; Finley Ellingwood, M. D., secretary.

Eclectic Medical Society of the State of New York. Meets at Albany, April 7th and 8th, 1904. E. H. King, M. D., president; S. A. Hardy, M. D., secretary.

Massachusetts Eclectic Medical Society. Meets first Thursday and Friday of June, in Boston. Lillian G. Bullock, M. D., president; Pitts Edwin Howes, M. D., secretary.

Eclectic Medical Society of the City and County of New York. Meets third Thursday in each month at 239 East 14th street. A. W. Herzog, M. D., president; W. L. Heeve, M. D., secretary.

Kings County Eclectic Medical Society. Meets third Monday in each month; Nov. meeting at the office of Dr. Martin King, Brooklyn. H. Stoesser, M. D., president; J. A. Nordbrock, M. D., secretary.

New York Specific Medication Club. Meets second Thursday in each month at 239 East 14th street. V. Sillo, M. D., secretary.

Boston District Eclectic Medical Society. Meets the third Tuesday of each month, excepting July and August, at "The Thordike," Boylston street. Lydia Ross, M. D., president; Pitts Edwin Howes, M. D., secretary.

### Boston District Eclectic Medical Society Meeting.

Boston, Sept. 15, 1903.

The regular monthly meeting of the Boston District Eclectic Medical Society was held this evening at "The Thorndike." After the usual routine business Dr. A. Waldo Forbush was called upon and announced his subject as "Cascara Sagrada."

He spoke as follows: "Cascara Sagrada, native common name sacred tree bark, etc. The bark is the part used in medicine.

"Cascara, now classed by botanists as *rhamnus purshiana*, was named in honor of the botanist, Frederick Pursh, who, in the year 1814, first gave a description that fixed its place in botany. For those who desire a full description of this genus I would recommend any late work on botany. The chemical composition I will leave to others, except to say that it is a complex subject, there being at least eleven constituents.

It is a clinical reality that, for perfect therapeutic results, the entire drug con-

stituents should remain unbroken. We should not tolerate the dangerous modification practice of some pharmacists which is so much in evidence at the present time. Experience teaches us that, as a laxative free from pain, the bark—gathered at the right season—should remain in store at least one year.

From a report of Parke, Davis & Co.—who were prominent as introducers of the drug—touching upon the botanical origin and therapeutic introduction, I find that the members of the *rhamnus* family, particularly the *rhamnus purshiana* introduced under the common Spanish name, *cascara sagrada*, attracted the attention of Dr. J. H. Bundy, an eclectic physician.

He was a man of scholarly attainments and a very successful practitioner, though not belonging to the school designating themselves as "Regular." As a successful "irregular" practitioner Dr. Bundy excited much professional jealousy; so much so that a well known physician living in the adjoining town—Dr. W. G. Gibbons—became an active participator in a bitter rivalry with this eclectic physician. Dr. Gibbons at this time read a paper before the Alameda County Medical Society making a severe attack upon Dr. Bundy. He impugned the therapeutic value of cascara and the professional ability of the discoverer of its medicinal properties. His attack was based upon the fact that Dr. Bundy was an eclectic and that any remedy which he had introduced was, for this reason, unworthy the attention of the profession; that cascara as named did not exist under any such name and denied that any such plant was known to any botanist on the Pacific Coast. For these reasons the remedy was intended as an imposition upon the medical profession. Time has proved the tangible fact that "the advance of truth never destroys anything that is real."

"It is not necessary at this time to refer

to the therapeutic value of cascara, introduced by an eclectic and receiving the general favor of the medical world. I only desire to say that we, as physicians, should extend our thanks to Parke, Davis & Co. for their firmness of purpose and honest detail of facts, which they have manifested in their dealings with the remedy—cascara sagrada. "Truth crushed to earth will rise again.

"The physiological and therapeutic effects of the genus cascara merit careful consideration. Its value for alleviating human suffering is strongly marked. I am persuaded that "Nature" has not placed this agent without some adequate purpose toward that end. In physiological service this drug acts through the vaso-motor system, not slighting the sympathetic, stimulating the muscular and secreting apparatus of the entire alimentary tract, influencing to a considerable degree the glandular system, and increasing peristaltic function. By its action the normal activity of the bowels are restored and unpleasant after effects are not produced. It is not thought that it increases the salivary secretion to any great extent, but it does augment the quality and quantity of the gastric juice. It raises to a considerable degree the biliary secretion, also the action of the pancreas. Its influence on the pneumogastric is one of kindly stimulation, arousing the entire secretory functions of the intestinal tract and finally invading all the glandular structure of the body.

"Cascara does not cause weakness of the memory or mental depression, in fact, it increases mental power and tone. In large continued doses it may cause dull aching in the right hypochondriac region, with chilliness, dizziness, and the discharge of billious-like, fetid stools, which become thinner and browner—without tenesmus. The discharges resulting from cascara are not like those which we ob-

serve from the use of podophyllin, aloes or senna. Cascara does not produce a tendency to constipation, wrongs of the digestive tract, and rectal disturbances like those previously mentioned.

"Cascara is a tonic and stimulant to the hepatic function, increasing the normal constituents of the bile, thus favoring elimination of the excrementitious elements from the blood. This tonic influence is unlike most drugs of this class with their tendency to over-stimulation thus inducing exhaustion and rendering the hepatic cells unable to perform their normal action. The operative action of cascara places it in a class by itself. It is not analogous to the laxative or cathartic group. Its action is a peculiar one, not being cholagogue in its nature but rather a stimulator to the non-striated muscular fibers of the intestines, thus favoring vermicular movements. In this it resembles *nux vomica* or *strychnine*. However, it is different from this powerful drug in the fact that the stools are softer and are not so poisonous.

"Without question, the most frequent departure from the normal standard of health has relationship to the alimentary tract, with the great danger of auto-infection always in evidence. We should remember that what may be designated pathological constipation is not a disease of itself but only a functional disarrangement.

"In our treatment keep the problem as simple as possible by the use of few remedies. Too much stress cannot be placed on the fact that small, frequent doses of cascara is most satisfactory where we wish to restore natural peristaltic action. When we dose with cathartic effect we lose sight of the cascara feature—"tonic-laxative." Keeping in mind the tendency of self-limitation of pathological processes we should avoid prescribing any agent which will interfere with such process.



Remember that nearly all drugs of the laxative or cathartic group are two-edged tools. If they do not act kindly they will result in harm. With these facts for our guidance we can study the characteristic indications of the group which influences the alimentary, glandular and gastric functions; the result will convey its own instructive lesson.

*"Rheubarb.*—In its cathartic influence this drug increases intestinal muscular action, rather than augmenting, as in the case of cascara, the secretions necessary for alimentary function without irritation. Unlike the cascara, the action of rheubarb is followed by astringency. The influence of rheubarb on the blood is quite marked, making the serum yellow, the sweat tawny, and the urine red. Cascara has more reconstructive, blood influence, without the rheubarb astringency, kindly increasing intestinal muscular action and functional secretive activity. Like cascara, rheubarb is thought to stimulate digestion, improve the appetite, promote the formation of chyle, and augment the supply of bile. In atonic conditions the tannic acid, largely represented in rheubarb, is not desired. Rheubarb with its tannin influence is better adapted to diarrhoea and dysentery where decided astringent tendency is needed, than the slow, reconstructive action of cascara. Cascara, single handed, will relieve bowel torpidity, rheubarb can only do so through the aid of combination.

*Aloes.*—This drug is prescribed in conditions of constipation from chronic wrongs of the large intestine. It is thought to have little or no action, unless by irritation, on the small intestines. It has some influence on the biliary functions, increasing the supply of bile elements similar to the cascara but not to such a great extent. With aloes we have a watery diarrhoea from weakness, following an irritative action upon the bowel.

The by-results on the lower bowel, rectum, and contiguous structures, even when guarded by belladonna, strychnine, etc., are not desirable. From this tendency to produce wrongs of the rectum, those persons with a hemorrhoidal habit should avoid aloes. With cascara we have none of this irritation or rectal wrongs. In using cascara where you have evidence of such wrongs it would be well to investigate your preparation of the drug. No doubt you will find your cascara article reinforced with aloes, a very common practice. The action of aloes, with its tendency to irritation, should be well guarded by combination, if used at all in the inflammatory conditions, such as gastritis, enteritis, wrongs of the rectum and adjacent structures. With cascara we require none of this modified companionship.

*Podophyllin.*—Indications for its use, are constipation, from want of sensibility of rectal muscular tissue and mucous membrane, and partial engorgement with tendency to hemorrhoids. It is not a suitable remedy for a patient with pinched countenance. Podophyllin has a marked affinity for the small intestines, but influences the entire intestinal tract. In this it is not unlike the cascara, although the podophyllin possesses to a marked degree and action of harshness and direct irritation which increases in proportion to the dose given. Digestion can take place but slightly, if at all, during the immediate operation of the influence of podophyllin. Indeed I might say that this process is retarded until the action of the podophyllin has passed away. In fact, the drug should never be prescribed just before or during the process of digestion. Podophyllin, unlike cascara, requires combination with other drugs to prevent accidents; again, unlike cascara, podophyllin is contra-indicated in gastric hyperacidity. The average time for results from both drugs are about equal.

*"Senna.*—This drug is a convenient and manageable laxative with a tendency to more active catharsis than cascara. Both are of service in febrile, and other pathological conditions, where a severe impression on the bowels is not desired. The action of senna is chiefly exerted on the small intestines, augmenting the mucus secretions and exciting peristaltic motion. In this it resembles the cascara and like that drug does not have a sedative influence but rather is slightly stimulating. Senna has a nauseating taste and is apt to cause discomfort and griping pains. it has little or no direct action upon the hepatic function, just the opposite of cascara. In its use for bowel torpidity, single-handed, it is not satisfactory, so we have a variety of combinations for results which cascara will produce alone.

"We might continue the comparison with other drugs of the group, and find, as a whole, that cascara assumes nearly all the favorable or desirable indications of the gastro, hepatic, intestinal, laxative or cathartic group, with but few of the undesirable features, thus learning the lesson, that cascara's influence upon the alimentary tract is not, in any way, comparable with any known drug.

*"Gastric Wrongs.*—In acute or chronic dyspeptic conditions, characterized by failure of the digestive and assimilative processes, from hyperstimulation, nervous enervation, and defective influence of the ganglionic system to stimulate the secretions; in sympathetic gastric disorders, where they accompany hepatic, uterine or renal pathological conditions; in chronic gastric catarrh, chronic mucous maladies, with or without hepatic engorgement; in duodenal wrongs associated with constipation flatulence, headache, vertigo, etc., cascara combined with malt extract, and either nux vomica, ignatia, xanthox, avena sativa, strychnine or capsicum rarely fails to bring relief. In

chronic mucous maladies, with burning in stomach after eating, loss of appetite, constipation or morning diarrhoea, borborgymus, aversion to food generally, cascara alone or in unison with berberis aquifol., hydrastis, helonias, capsicum, or the indicated soda salt—bicarb., sulphite or bromide—will prove satisfactory. In atonic conditions proper, with forebodings of gastric mischief, etc., cascara alone, or with nux vom., ignatia, strychnia, malt ext. or other indicated remedy in alternation, will be successful.

*Functional Derangements of the Liver.*—In chronic congestion of the hepatic cell's within the lines of organic change with the waxy look, from the simple functional pathological conditions to those of a more complex nature, this drug will prove curative, single-handed, and in a kindly manner, with evident results upon the whole glandular system. Cascara stimulates the biliary secretive function. Its synergistic influence with selected remedies opens for this drug a large field of usefulness, as for instance alternation with quinia increases its power. The same may be said in the use of grindelia squarosa, berberis aquifolium, chionanthus, dioscorea vil., nux vomica, and all indicated selections. Cascara usually settles the irritated or refractory liver wrongs of the dipsomaniac, also the hypertrophic liver resulting from malaria, when used in conjunction with grindelia squarosa or quinia. In gastralgia, due to chronic malaria, a combination with grindelia squarosa eclipses all other remedies for effective drug work. This treatment in enlargement of the spleen will present a specific influence. In the pathological condition, jaundice, its action quite equals chionanthus, and it does not produce the nausea and other chionanthus effects not desired. In nervous maladies, including neuralgia, largely caused by defective nutrition and attendant conditions, cascara will be found to as-

sist the action of nerve tonics causing them to perform better service. Cascara, as an auxiliary remedy, in the treatment of bronchitis, laryngitis, and other affections of the respiratory apparatus, will be found useful. This is especially true when pulmonary conditions are associated with defective work of the liver and glandular system.

*Rheumatism.*—In muscular rheumatism, rheumatic arthritis, especially the chronic form, associated with an irritable sensitive stomach, where there is difficulty in getting a proper assimilation of food or medicine, cascara will prove of more than ordinary service, favoring assimilation, absorption, a more normal digestion and correct peristaltic motion, when given in alternation with manaca, the salicylates, or any indicated remedy.

In the pathological condition termed fever, of whatever kind, especially when there is drowsiness, hot, dry, tense skin, dark, offensive stools, high colored urine, etc., cascara will influence the glandular and depurative function and so remove the pathological cause. As an aid to echinacea, baptisia, quinia, and the direct heart remedies, the action of cascara cannot be overestimated. Cascara will be most useful in morbid conditions of the rectum such as rectitis, fissure, ulceration, rectocele and hemorrhoids. Where they arise from hepatic derangement, or obstruction in the alimentary canal, it certainly acts more kindly than other drugs of the laxative or cathartic group. In our treatment, besides the usual restrictive diet, habits, etc., we should give small frequent doses of cascara, alone if desired, but a more pleasant and nearer specific will be to add hypericum perboliatum or hamamelis.

In the aged, where the lower bowel becomes inactive, with more or less paralysis, and unable to propel its contents, where the muscular tissue and sympathetic nerves have well nigh suspended their function, unless goaded to action by the ever handy cathartic

—to be increased as required—or the deluging enematas, the cascara will prove a boon indeed. Here, as elsewhere in the alimentary tract, will be found the peculiar cascara influence, affecting kindly the muscular and nervous tissues of the colon and rectum, promoting easy, normal, or near normal, movement. I would suggest cascara 5 to 20 drops, berberis aqu. 5 to 10 drops before each meal.

From long use, with good results, of a remedy, have you experienced a time when all the indications were present, and yet the drug failed to respond? No doubt you presumed that the old standby had lost its powers, when in all probability you would find the responsibility from non-results would lie at the door of the manufacturing pharmacist. The physician, with his responsibility, should be dealt with honestly in the way of drugs. The practice, too common among manufacturing pharmacists, of sophisticating preparations of cascara has been carried to the extent that the identity of physiological action is quite or completely lost. Has the patient and physician no rights to be respected by the drug purveyor? If there was the same attention paid to drug quality and therapeutic opportunity that we find along the lines of fad followers in modern medicine, we would have less complaint from the use and result of drug service. Drugs which are tampered with or modified with a disregard for nature's characteristics bring us too near the danger line of quality for therapeutic use. With cascara experience has demonstrated that the time for gathering affects the quality to a marked degree. Cascara gathered at the right time, prepared correctly with all the plant constituents retained, no modification, and not reinforced with aloin, or perhaps croton oil, as some of the preparations on the market are known to be, and put upon the market as genuine cascara, will not disappoint the careful intelligent prescriber.

The usual prescription of a good fluid ex-



tract would be 5 to 30 drops, given preferably half hour before meals. In chronic cases the drug should be administered more frequently. As astringents neutralize the action of cascara, their use in combination with this drug is contra-indicated, and the use of tea, coffee, or any article containing tannin should be interdicted. A safe rule to follow in the dosage of cascara is that where pain is produced the dose should be lessened. The effect of cascara sagrada is not diminished by constant use. To my mind berberis aquiflora or avena sativa in combination increases the action of the cascara. I hope these thoughts will promote good fellowship with the remedy—Cascara Sagrada.

#### DISCUSSION.

Dr. Miles said he had used cascara for a long time but not in the small doses, frequently repeated, as recommended by the essayist. The cascara in the place of chionanthus in hepatic troubles was also new to him. He was glad to have these points made. He had used leptandrin in small doses for its action upon the liver and also to thicken the discharges.

Dr. Forbush spoke of the result of the analysis of different preparations of the cascara. Five fluid extracts were examined and three of them contained aloes, podophyllin, croton oil or senna. Five different makes of tablets showed three contained aloin in addition.

Dr. Howes had used the cascara but very little. Was glad to have heard the paper as it had led him to see where cascara would prove valuable in many diseased conditions.

Dr. Miles, speaking along the lines of the essay referred to his use of calomel in the small doses, giving 1-10 of a grain and repeating it frequently.

Dr. Forbush mentioned the fact that the small doses of calomel would controll bilious vomiting. Give 1-10 grain every 10 to 20 minutes until vomiting is checked.

Dr. Allen referred to the use of calomel and gelsemium in overcoming attacks of malaria.

Dr. Johnson added his testimony in favor of Dr. Allen's statement.

Dr. C. Edwin Miles read two very interesting extracts from the *Boston Medical and Surgical Journal*, one relating to "Passo-Typhoid" and the other speaking of a case where a child was heard to cry before it had passed out of the uterus.

#### Kings County Eclectic Medical Society.

The regular monthly meeting of the Kings County Eclectic Medical Society was called to order by the president, Dr. H. Stoesser, at the office of Dr. J. A. Nordbrock, 1260 Jefferson avenue, on September 21, 1903.

Dr. O. Perine reported a very interesting case of scrofulous responding to the treatment of calcium sulphide, K. I. and X-ray twice a week.

Drs. Krausi and Birkenhauer were elected as honorary members.

The financial secretary's report was received with pleasure.

On motion was adjourned to meet at the office of Dr. O. Perine, 994 Halsey street, October 19, 1903.

The November meeting will be at the office of Dr. A. E. Martin King.

J. A. NORDBROCK, M. D.,

Secretary.

In barbers' itch: After thoroughly cleaning the surface affected with an H<sub>2</sub>O<sub>2</sub> solution of 10 per cent., apply an ointment of; sodium sulph. dr j to vaselin oz. j.—*Clinic*

Chronic leucorrhea can be cured, says Dr. Munde, only by the persevering use of hot vaginal douches, and the frequent local use of astringents through the speculum—*Summary.*

## Query Department

Conducted by  
PITTS EDWIN HOWES, M. D.  
Boston, Mass.

All communications for this department should be addressed to PITTS EDWIN HOWES, M. D., 703 Washington Street, Dorchester District, Boston, Mass., and must be received by the 28th of the month in order to be answered in the next number of the REVIEW.

H. E. D.—Will you please inform me through the REVIEW what you consider the best preparation of iron for tonic use, and your reason for the choice?

For quite a number of years I have used an albuminate of iron as the base of a tonic mixture when I used to use iron for any length of time. My reasons are that it does not affect the teeth, it does not constipate the bowels and it seems to act in a quicker and better manner than any preparation which I have used before. I use it in the form of an elixir which is made for me by Theodore Metcalf & Co., of Boston, and known as "Nitrogenized Iron." This I use as the base of many tonic mixtures, when I wish to use the iron, adding to it whatever the patient, for whom it is intended, may require.

C. E. J.—Have read your article on *Mangifera indica* in the little pamphlets published by Lloyd Bros., and would like to know more concerning the remedy. Can you give me any additional information?

*Mangifera indica* is most certainly a promising remedy, of somewhat restricted use, and is very valuable when indicated. Since the writing of the article to which you refer, which was originally written for the National Transactions for the year 1901, I have experimented with the drug quite a little along other lines, I have found it useful in acute diarrhoea if the patient is of an anemic tendency especially if given with a little nux and capsicum to tone up the entire digestive tract. Again it has served me

well in controlling quite severe nasal hemorrhages when the tendency has been to frequent recurrence.

Uterine hemorrhage at the time of the menopause has also yielded very readily to its use. In all the different uses for which I have prescribed it I find that the one leading indication for its use is that of atony. When you get a patient that is below par, with a weak, flabby pulse, poor appetite, and the entire organism seems to lack the necessary stimulant for the usual amount of exertion *Mangifera indica* will do wonders for you if there are symptoms present which require its astringent action. Do not use it as a routine medicine. Pick out your cases intelligently and you will be gratified at the results. I use it in comparatively small doses—adding  $\frac{1}{2}$  to 15 to 45 of water and of this mixture direct that the patient gets a teaspoonful from every hour to once in three or four hours, according to urgency of the case for which it is prescribed.

M. A. D.—I see frequent references in eclectic journal literature to capsicum. Will you kindly give me a few points as to its use. Capsicum is the general stimulant "*par excellence*." There is perhaps no remedy, in its class, which will yield better results in wrongs of the digestive apparatus than capsicum. It should be used in small doses and whenever there is a wrong in the stomach and intestinal canal that is not the result of inflammation.

## Selections

### Some Improvements in the Methods of Local Analgesia.

A clinical lecture with the above title, delivered at University College Hospital, London, July 11, 1903, by Arthur E. J. Barker, F. R. C. S., Eng., appears in "The Lancet" for July 25, 1903.

Several points must be borne in mind, among them the mechanical and physical difficulties in infiltrating all the nerves

supplying an extensive field of operation. To inject the whole area so as to reach all its nerves would mean in many cases the use of much more of the toxic drug than is necessary, and in some cases so much as to be dangerous.

The author refers to certain observations by Braun, of Leipsic, on a method of overcoming the drawbacks incident to the usual mode of producing local anesthesia. This method is based upon the old experience that *anything which retards or diminishes the circulation of the blood in a part enhances the potency of the analgesic agent*. Experiments were made with adrenalin, a very small quantity of which was injected with B-eucaine (or cocaine) into the author's own arm, and subsequently into the arms of numerous patients. After the lapse of twenty minutes the part was quite blanched and wholly insensitive to pain, remaining so for about two hours. Adrenalin, alone, used in this way had no analgesic effect, while the results of the use of the combined solutions of B-eucaine alone and adrenalin were far superior to those produced by B-eucaine alone.

The most convenient way to prepare the solution is as follows: Powders each containing 0.2 gramme (3 grains) of B-eucaine and 0.8 gramme (12 grains) of pure sodium chloride are kept in thick glazed paper, ready for use. When needed one powder is dissolved in 100 Cc. (3½ fluid ounces) of boiling distilled water, and 1 Cc. of Parke, Davis & Co.'s Solution Adrenalin Chloride is added when the fluid is cool. The solution is left in the Jena glass beaker in which it has been boiled which is carefully covered and placed in a vessel of warm water to keep it at blood heat.

The injection is made by means of a simple syringe of glass and meatl of 10 Cc. capacity, with rubber washers, which can be sterilized by boiling.

To illustrate his method the author de-

scribed in detail the performance of an operation for the radical cure of inguinal hernia. The hernia is first reduced and the index finger is thrust into the external ring as far as possible. Along this finger the needle is entered and the inguinal canal is filled with 10 Cc. of the solution. An endeavor is made to inject it all around the neck of the sac so as to reach the genital branch of the genita-crural nerve. The needle is then entered at the external end of the line of incision in the skin, and is made to infiltrate the *superficial* layers of the latter down to the root of the scrotum, making the resulting wheal at least an inch longer at each end than the incision is to be. Injections are then made at a point half an inch to the inner side of the anterior superior spine of the ilium, the needle being thrust towards the ilioinguinal nerve, and at a point about one inch above the middle of Poupart's ligament where the ilio-hypogastric nerve is most conveniently met. Then the thigh is flexed and another syringe-ful is injected along the ramus of the pubis and the root of the scrotum or labium.

It is necessary to wait twenty minutes after the last injection for the full effect of the adrenalin to develop. The whole field of operation should be blanched and insensitive to pricks but not to touch—analgesia, not anesthesia. The incision may then be made with confidence that no pain will be felt. The absence of oozing of blood is noticed. Only large vessels bleed at all.

Success depends upon a mastery of the principles, and practice in the details of the method. It is not enough to inject the fluid under the skin generally. Due regard must be had to the position and course of the nerves supplying the structures to be dealt with. The adrenalin compound, by slowing the circulation through the part prevents the anesthetic agent from being rapidly washed away. The writer has used this method in thirty operations including the radical cure of hernia, strangulated hernia, orchidectomy, removal of varicose veins, psoas abscess,



loose body in knee, tumor of neck (actinomycosis), colotomy, Thiersch skin grafting, and cystic adenoma of the thyroid.

### Items

Professor Josephus H. Gunning has removed his office to 43 East 58th street. Consultation by appointment only.

Dr. Armin Nettle has opened an office at 48 Stuyvesant street.

Dr. S. Janowitz, one of the honor men of the last class, has opened an office at 526 East 5th street.

### Nauheim Baths.

The profession will be glad to know that there has been established in New York at 135 West 45th street a Nauheim bath, an institution where the carbonated brine baths together with resistance voluntary exercise with massage, etc. can be had. At this institution the proper courtesy will be shown to the Doctor and his directions carefully carried out by competent attendants. The superintendent of the establishment has had a vast experience in this line, and patients directed to his care will be conscientiously looked after.

The New York Specific Medication Club and the Eclectic Medical Society of the City and County of New York will hold a joint meeting on October 15th. We will report it in our next issue.

Dr. John E. Hasson, of Bath, N. Y., has been nominated to succeed himself as coronor of Stuben County.

Dr. Thomas E. Halbert, of Nashville, has been appointed Major and Surgeon upon the staff of Col. W. C. Tatum, the First Tennessee Regiment. He served with this regiment in the Philippines. We congratulate him upon this honor.

Dr. H. J. Shelley, of Middletown, N. Y., writes: "I can place a good man in a country practice near here. A man who is not afraid of work will be assisted into a paying business from the start, Eclectic preferred, *nothing to sell*."

Dr. Mary Potts, of Elmira, N. Y., a practitioner of rare ability, recently sustained a severe fracture of the knee, which may prove a permanent disability. She is serving by appointment of the Board of Education of her city as Sanitary Supervisor of the schools. The Doctor has for many years been a prominent member of the Southern Tier Society.

Dr. O. C. Welbourn, of Los Angeles, Cal., who many of the members of our society will remember, writes to say that the eclectics in Southern California would gladly welcome any of our graduates, he says: "If you know of any who have the California fever, please call this matter to their attention. I am prompted to write this to you because of the unexampled showing of your graduates at the recent State examination. Allow me to offer you my sincere congratulations." Dr. Welbourn is medical director of the new Deaconess Hospital, 447 S. Olive street, Los Angeles, Cal.

Wilder's History of Medicine is on sale at the College building.

Book reviews have been crowded from this number for want of space.

# THE ECLECTIC REVIEW

EDITOR: G. W. BOSKOWITZ, M. D.

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NO. 11

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**The Building.**

We had arranged to give our readers a picture and description of our reconstructed building, but will postpone it until next month so as to give with it the report of the house-warming which will take place early in December. The exact date cannot at this time be positively announced, for it will take a few days after the workmen leave before we will be in order, and workmen are disappointing creatures, and we do not wish to fix a date and then have to change it. A special notice of the house-warming will be sent to the Alumni and friends as soon as the date can be arranged.

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**Organization.**

In this number will be found an article on organization by the president of the National and one by the president of our State Society. Both emphasize the importance of organization. We hope these articles will be read with care by every Eclectic graduate and that those who are not members of their State and the National organization will at once arrange to join. Brethren, the benefit is bound to be mutual.

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**Gomenol.**

At this season we are called upon with great frequency to prescribe for coughs, bronchial coughs, which remain after the general constitutional disturbances have passed away. There is no aching of the bones or body, simply a distressing and annoying cough. For this condition I have been using Gomenol capsules and with children, the Gomenol syrup with gratifying results, and suggest to the REVIEW family that this is a good time to give Gomenol a trial.

**The Review.**

We intend to increase the REVIEW family during 1904. It shall reach the five thousand mark!! We need some help from the members of its already large family to accomplish this. We shall not ask them to let the work of increasing the subscription list of the REVIEW, which they all say is of so much value to them, contains so many practical helps, such fine descriptions of drugs and their therapeutic uses, such complete society reports, so much College news, and has the best department of specific medication to be found) interfere with their practice or with their social or family duties and responsibilities. We simply shall ask them to see that their subscription is promptly paid, that they send us short reports of their interesting cases, or their experiences with new drugs or new experiences with old drugs; that they write us for an extra copy of the REVIEW to give to some neighboring practitioner, or send us his name so that we may send him a sample copy or two, after which will come the dollar for we are assured every year by hundreds of readers that each number of the REVIEW is worth much more to them than the year's subscription.

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**The Eddy Craze.**

Undoubtedly most thoughtful readers of the daily press have noticed that the "mothermarybakereddyites" are constantly becoming more and more restless. Their minds seem to be disturbed by the active interest which the general public is beginning to take in the destruction of innocent children which has so frequently resulted from their fanatical conduct. Ever since the prosecution of one Lathrop, at White Plains, N. Y., cases have been almost daily coming to light in which young children suffering from cantagious and infectious diseases have been prevented by the so-called "Christ-



ian Science" cult from receiving proper medical attention. Lathrop, who is often spoken of as the smiling young "healer," was apparently much pleased with the notoriety which the White Plains prosecution gave him, and evidently desired his montebanks to regard him as a martyr, but it is quite sure that Mary Baker Eddy looked at the matter from a different view point. A keen old girl is mother Eddy. She quickly saw that it would not take many such prosecutions of her "healers" to seriously handicap the business of the cult, and at once ordered her dupes and companions in deception to decline, for the present, to "doctor" what the ignorant public still persists in calling contagious and infectious diseases. In referring to the position taken by Mrs. Eddy her organ in substance declared that she had acted wisely in allowing the superstitious public to act a while longer just as if such things as contagious and infectious diseases actually existed, even if such a course made it necessary for her "healers to submit for a time to a most dastardly invasion of individual and religious liberty.

In speaking of this matter the *New York Express* says:

"The Christian Scientists reverse the maxim that a man's liberty stops at the invasion of another man's liberty. They deny the right of a whole town to use the ordinary means for limiting the ravages of a disease which has become epidemic. Well, suppose that we accept their theory that the disease only exists in the minds of the sufferers and those about them. What difference does that make as long as those who think that they are sick end by thinking that they are dead?"

Well, truly, Mr. *Express* that is a very hard question to answer and it is doubtful if even the Boss herself can define the difference to the full satisfaction of the present generation of benighted believers in drugs and doctors.

J. W. F.

## Original Articles

### Evening Primrose.

BY O. H. ROHDE, M. D.

Synonyms—Cure All—Tree Primrose  
Parts Employed—Leaves, Twigs, Bark  
Natural Order—Onagraceae.

Preparations—A fluid extract. Dose min X to 5j. Tincture. Dose 5ss-5j.

Infusion pressed leaves, of which an ounce is taken hot every 2 to 3 hours.

The drug is non-toxic and non-irritating. It is a mild nerve sedative, acting chiefly on the pneumogastric, and valuable therefore in respiratory or gastric disorders which show marked sensitiveness, laryngeal, pulmonary or gastric branches of this nerve, whether acute or chronic. We do not find mention of this herb in many works. Shoemaker omits it; also Potter. Scudder gives a brief outline. Ellingwood, on page 283-284, of his book, gives some useful information regarding same. Park Davis & Co. make a fluid extract; also Sharp & Dohme. From these extracts I make tinctures which seem to act better than fluid extracts, using same also for an infusion when leaves are not quickly at hand. I use this drug in every case of la grippe, in bronchial and pulmonic disorders, in every case where catarrhal conditions retard digestion or irritated breathing causes maintenance of distress and fever. It is also useful in children's disorders, as pertussis, irritated states of the stomach, due to teething. Violent dysentery is eased by it even when stools are tinged with blood; here it acts well with *rubus villosus* in small doses given in a hot infusion. This would show its value in typhoid conditions. In such weakness I add it to milk as follows: One-third glass of milk, in which are beaten the whites of 2 eggs, the glass is then filled with hot water, to which add min XX of the tinc-

ture with a grating of nutmeg. This drink and food can be given every 2 or 3 hours, more or less, and a hard stool will be thus produced, showing the nourishing property as well as its influence on the system. For grippe I use it with lobelia, sanguinaria, cypripedium and capsicum in syrup. This given in hot water as an infusion has direct results on the whole system, and given hot restores circulation, relieves congestion and eases the patient. In combination with taraxacum, hydrastis, gentian, or columbo, as a stomach tonic, being so beneficial to the stomach and bowels it does not aggravate any ulcerated conditions found in that organ or bowels.

An ointment of evening primrose is useful for scaly conditions of infants, also for ulcers. It seems to soothe and heal quickly. It can be used with lard, vaseline or with sweet oil; also useful with mutton tallow when mixed warm. It acts well with lycopodium and stigmata; also apis in nervous hysterical females who are inclined to urinary irritation, combined with gastric distress.

A trial will convince that, like many drugs only slightly known, it has qualities that will commend its use in the sick room, especially when known that it aids, in combination, being not only a carrier, as *asclepias tuberosa*, but likewise, an alterative and sedative, as *aconite* or *veratrum*. Given in proper proportion singly or in combination, it is equally effective for child or adult.

Brooklyn, N. Y.

### Some of the Newer Remedies.

BY A. A. C. WILLIAMS, M. D.

Read at the Eclectic Medical Association of the State of Texas.

*Populus Maniferi*.—Cotton wood. In my opinion this remedy will, when thoroughly tried, be one of our Sampsons in all so-called malarial diseases. I have been using it for nearly 2 years.

*Preparation*.—Get the inner bark of tree slightly dry in shade, and cut in small pieces one pound. Put this in one-half gallon fruit jar and pour on it of 75 per cent. alcohol one pint, or sufficient alcohol to cover bark. Let stand 48 hours and filter through paper. Now you have a beautiful cherry red tincture.

*Indications*.—Bad taste in mouth, or bitter taste, swimming in head, or a feeling as if you would fall forward, chilly sensations, specks floating before eyes, pain in back, especially in lumbar region, scanty and high-colored urine, dyspepsia with bad taste in mouth.

This is a common and cheap herb.

In chronic chills, use 2 ounces of inner fresh bark to pint hot water, let steep one hour. Dose 1 ounce or more of this infusion every one to two hours. Commence six to eight hours before chill time, then give tincture three times a day in teaspoonful doses.

In haematuria, give 1 to 2 ounces of infusion three to four times per day until blood ceases to pass, then tincture 3 t. i. d.

Brethren this remedy is the nearest to a true specific for malarial haematuria I ever tried.

### CRATAEGUS.

The great remedy, *crataegus*, that has been praised so much has not proved of much utility in my hands. The only kind of cases that were benefited by *crataegus* in my hands are those who have overworked the brain, and those that have taken too freely of spirits.

In giving you these items I hope those of you who can will try them and report findings through some one of our eclectic journals.

### LIBRADOL.

So far as my experience goes, I have been using it for about one year, I consider *libradol* one of the best additions to our modern materia medica.

I have used it in muscular rheumatism, toothache, colic in children, in fact, in nearly all cases where the skin is swollen and

painful libradol acts kindly. In a case of pneumonia with great pain in the chest, I promptly obtained relief in a few hours by one application of libradol.

TOKKOWA.

This root should be gathered in May and should be dried in the shade. The tincture is made by adding one pint of 65 per cent. alcohol to 8 ounces of the bruised root. Let it stand three days and filter. This tincture is straw colored.

*Therapeutics and uses.*—Used with great success in coughs, acute or chronic, in all stages of consumption, in diarrhoea, dysmenorrhoea and amenorrhoea, flatulent dyspepsia, and the bites of insects. Ordinary dose in most of the above conditions 5 to 10 drops in half glass of water, teaspoonful of this dilution every half to one hour. In all depraved conditions of the blood it is useful from 10 to 15 drops three times a day.

### Reports From Case Book.

W. L. HEEVE, M. D.

In reporting the following cases I will endeavor to give the history as complete as possible. I believe that if we, as general practitioners, would report our cases of interest in our favorite medical periodical, the profession in general would benefit therefrom.

Case No. I.—Mrs. W——, age 28 years, born in New York, married one year; referred to me by Dr. Stoesser.

Family history: Mother in good health, six children, all normal labor. Father complains of rheumatic pains in joints and had an affection of the kidneys in childhood; oldest sister had difficult labor with first child (instrumental delivery), in apparent good health at present. Second oldest sister died of parenchymatous nephritis with first child. Other members of the family in good health.

Mrs. W——, (case in question) third oldest daughter, has had measles and

scarlet fever in childhood. Previous to marriage was a hard working girl, running a sewing machine an average of six hours daily, but always enjoying fair health.

Was called to see case on September 6, 1903, and case presented the following: Primipara, last menstruation December 18, 1902, expected labor September 24, 1903. Occiput presenting right posterior. Right vulvar edematous about the size of two large fists, purplish discoloration, left vulvar slightly edematous. Has been on a milk diet and apocymum four days as directed by her physician. Both legs edematous, lower eyelids slightly edematous, muffled first sound of heart at apex, metallic second pulmonic, cough and few moist crackling rales at base of both lungs. Temperature 97°, pulse 98, respiration 30. Unable to leave bed, legs kept wide apart and head and chest propped up in bed. Urine slightly acid. S. G. 1024 passed in small quantities and upon boiling became solidified not dissolving with nitric acid, casts many. On same day at 9 P. M. consulted with Dr. Krausi. We then punctured the labia with a trocar in several places and obtained a large quantity of fluid. I then dilated the os (Harris method) with difficulty to about one inch and placed her on two-drop doses of gelsemium every hour with infus. of digitalis, one drachm every three hours. On the morning of the 7th found labor initiated os dilated to about two inches, pulse 120, temp. 96.7°, sardonic grin, slight convulsive movements of arms and legs, urine same as night previous. Decided to terminate labor with the assistance of Drs. Krausi and Nordbrock. The patient was placed under the influence of chloroform. I then dilated the os completely (Harris method) and found the head presenting R. O. P. at superior strait. Tried to convert the position to L. O. A., bimanually but found it impossible and



as the patient was taking the anaesthetic badly and showing signs of collapse, I applied the forceps, bringing the head to the inferior strait and then delivered by digital pressure through rectum and counter pressure at fundus uteri without damage to the perineum. Child resuscitated with difficulty. Placenta delivered by Crede's method. Saline infusion per rectum, Strych. hyperdermatically. Lysol irrigation per uterus. Twelve hours after delivery temperature 102°, pulse 122, respirations 26, urine: S. G. 1020, albumin abundant, nurse reported patient drowsy, low muttering delirium. Third day: A. M., temp. 98.4°, pulse 90, urine (per-catheter) less albumin, patient resting nicely. P. M.: Temp. 101.4°, pulse 116. Tenth day: Temp. 99°, pulse 84, urine slightly albuminous, few casts (hyaline). Fifteenth day: Patient up and about, tem. 99°, pulse 80, urine S. G. 1014, slight traces of albumin, no casts. Both mother and child made an uneventful recovery. Mother's urine still shows slight traces of albumin and few casts. Right vulvar slightly hypertrophied. The diet throughout was milk, gelatin and toast.

Infusion digitalis, caffeine-sodae benzoate, hydrangea, apis and neutralizing cordial as symptoms demanded.

The sister of this case, who died in labor, as reported above, gave the same initiatory symptoms as the case in question, except edema of vulvar, but pregnancy in her case was allowed to terminate naturally, her physician refusing to interfere, and after a hard labor (instrumental delivery) patient became comatose and died one hour after delivery, due to parenchymatous nephritis, and pulmonary edema.

I believe that if labor was not initiated in this case the patient would not be in the land of the living today.

The symptoms which seemed to us to demand labor to be initiated were: the

purplish discoloration of the vulvar threatening gangrene, large quantity of albumin with casts, with no result from restricted diet, subnormal temperature, high pulse, the premonitory signs of eclampsia and cough with rales, all giving complex symptoms demanding a careful verdict.

In my past experience I was taught a most sorrowful lesson in two cases, giving such a symptom complex, in waiting too long or allowing nature too much freedom.

I wish to call attention to the action of gelsemium in this case; on the night previous to delivery we had no effacement of the cervical canal but the external os admitted the index finger and by gradual dilation until I could insert two fingers and then giving gelsemium as reported above labor was initiated.

Cose No. II.—William B——, age 20, hypertrophy of the left tonsil. August 4, 1903, I made several linear incisions with the galvano cautery point. On August 8 hemorrhage developed, applied pressure with tampon moistened with adrenalin (1-1000) hemorrhage ceased. August 12 hemorrhage reoccurred from same location due to slough, same treatment controlled hemorrhage. August 19 hemorrhage occurred in upper portion of cauterization incision about one-quarter inch above previous hemorrhages patient almost exsanguinated. Controlling the hemorrhage with pressure and adrenalin, slight oozing continuing, I gave intravenously twenty ounces of normal saline solution and internally ten grains of calcium chloride, followed by two and one half grains every hour until twenty grains were taken in all. The treatment completely controlled the hemorrhage and patient was then given tonics, leaving his bed August 29 with no return of hemorrhage.

The hemorrhages were due to sloughing of the cauterized areas and not due to adrenalin as suggested, as secondary hem-

orrhage due to adrenalin (?) always occur within two to twenty-four hours.

Case III.—Alois S—, age 16 years, tubercular infection of right elbow joint. In the application of the x-ray for the cure of this condition, the patient developed a dermatitis of the forearm on June 25 after the tenth exposure of a medium tube. After trying carbolic acid, zinc oxide, picric acid and various other preparations, always covering the dermatitis with thick sheet lead while exposing the joint only, with no success and about to postpone further x-ray exposure, I decided to use libradol (Lloyd). On July 18, I began applying daily a thin coating of libradol, four hours each day, still exposing joint to the x-ray every third day. After two weeks of the above treatment a complete cure was obtained. Raying was continued twice weekly, part formerly the site of dermatitis well covered with sheet lead and case discharged as cured August 29.

These cases were of great interest to me and I hope will prove of interest to the readers of our worthy journal the REVIEW.

Cases number one and two were reported at the October meeting of the Kings County Eclectic Medical Society.

Brooklyn, N. Y.

### Is the Practice of Medicine Sufficiently Remunerative.

BY JASON TYSON, JR., M. D.

Read at the Eclectic Medical Association of the State of Texas.

I answer no. Doubtless this question has been asked and answered differently by the laity and the profession—the latter giving the negative and the former the positive answer.

Some very wise man has said, that a man who could make money at the practice of medicine, could have made more at any thing else, this I believe because the very nature of a physician's work tends to dis-

qualify him for collecting his bills. He is called on all occasions when the curtains of the home are drawn aside, yes, the curtains of the soul are ajar; he witnesses just how poor they are in this world's goods, and how wanting they are in divine graces and noble traits of character, such as are ever needed to tide the distressed in body and mind over the pitfalls of diseases and wounded consciences.

Gentlemen, after seeing the half clad and half fed children, and many other things every doctor has witnessed from time to time, I don't wonder at his reticence in pushing collections. A man who can contend for services rendered on such occasions could surely make more money at any other business or calling. The merchant never sees these things, even the good minister always has the best foot before him and never witnesses what the doctor does; even when the last services are conducted by the divine the corpse is better attired than the poor can well afford. There is another side to this picture, when we view the doctor's heart aches, his shivering nights on the weary lonesome road, to and from his patients; his tired and careworn body and mind, how he has agitated his brain trying to devise some plans by which to save the life of some one where there is nothing in the books bearing on the case; no one but a physician can know how this is and lastly when the doctor suffers anxiety about his own or prospective household, when the collections come so lightly, he must necessarily be worried and almost made to deny that the "laborer is worthy of his hire."

No physician can do the most for himself or his patrons, who is unable to collect his accounts, for after keeping himself and family alive he has nothing left to invest in new books and instruments, and to taking an occasional post graduate course, so as to be able to give his clientele the very newest and best of discoveries, both in medicine

and appliances. Neither can he have plenty of rest and easy going horses with good vehicles so as to reach his patients quickly, safely and easily. The failure of our customers to pay us promptly, or our failure to induce them to pay their bills, renders many a doctor unable to have the appliances, accessories and other necessary equipment to scientifically treat many cases, curing or relieving those who go away from home for that treatment, which in turn would make change for our purses, and better times with the local doctor and resident patient. •Poverty has kept many a bright and promising M. D. from reaching that eminence he has so much desired.

Forced to work so hard and constant in his earlier and developing years, to make the means he was unable to get along without until he reached the age in which it was impossible for his mind to expand; he may be well developed in a limited way, but that broad platform and lofty attainment every noble physician aspires to is an impossibility, all because of not being remunerated as he should in his earlier years of life. Without boasting and without the fear of successful assaillment, I pronounce the doctor who has undergone this sacrifice, the Good Samaritan of the day. Doctors are usually very poor men, it requires so much of their means to keep up appearances, that but little is left for the "rainy day." Another point is that it requires so much of a doctors time to keep posted that he has but little energy left to devote to financiering, this is such a patent fact that only about 25 per cent of all graduates make a living exclusively out of the practice of medicine.

Medical men stand alone on the earth among all others striving with their own might to extinguish their own business.

They preach temperance, virtue and cleanliness, knowing full well that when people come to follow their advice, their occupation, like Othello's will be gone. Just think of the exposure the doctor undergoes dur-

ing epidemic, his own life in danger and many do succumb.

The following is an extract from Dr. Moses Gunn, of Chicago: "We may brave the pestilence when all others flee, we may remain firm at our posts when death is more imminent than it were ever on the battle field; but who sings our praises?"

"Does the world know who the physicians were who fell at Norfolk when yellow fever depopulated that town? Does it know who rushed to fill their places, and of those who survived can it designate one? Did they survive to receive fame? Yet those men were braver than the bravest military leader, for theirs' was bravery unsupported by excitement or by the hope of fame.

"No, there is none so poor as to do us reverence, and thanks to God there are few of us so unsophisticated as to expect it."

Two or three centuries ago doctor's bills were paid by voluntary offering, no charges were made, so the gratitude of the patient regulated the size of the fee. Before the doctor left the house he was tendered something for his services, and if he could use it, it was accepted. Of course, the evolution of the matter up to the present has been pretty good, unsupported as it has been.

It is not the province of this paper to set forth plans by which we should conduct the business side of physician's lives, books have been and will continue to be written on this very important subject. Suffice it to say, that we need and must have a sounder business policy; if we retain our patrons, we often have to collect our accounts. A man is not apt to stay mad with you very long if he don't owe you. We ought to be physicians in the sick chamber and business men when collecting.

We ought to try to collect, so many doctors never try, just wait for the gratitude of the patient to force him into the office to pay the doctor. This is unsound business policy not found among any other class of men.



I must add that monthly bills should be rendered in all suitable cases, and never let a farmer pass over one year without a settlement by cash, note or otherwise.

In conclusion I must say again that the practice of medicine is not sufficiently remunerative for the price of human life; and the cost of anxiety, nerve strain and heart-ache on the part of the physician can never be estimated.

Gentlemen, while this is eminently true we ought to have enough for our services to make us comfortable when the twilight of our lives comes upon us, for it will come. I fear before the most of us are ready for it. Let us do our best to heal the sick, correct the faults and errors of patients, and to prepare a place, both here and hereafter, when our usefulness shall have ended, that we may find rest to our wearied bodies and tired souls.

Santa Anna, Texas.

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### Greetings from Panama.

Our readers will be glad to learn that our eclectic remedies are being used with great success in Panama, Columbia.

In a communication received from W. M. Patterson, M. D. (who has been practicing in Panama for many years) he refers very pleasantly to the REVIEW mentioning the pleasure and benefit he has received reading it. He also alludes to "Wilders History of Medicine," "Ellingwood's Materia Medica" and "Fyfe's Direct Therapeutics," as books which show the progress of our school. He particularly mentions the success he has had with apocynum cannabinum.

I quote the following from his letter on this drug: "Mr. P—— consulted me in reference to severe shortness of the breath with fullness of the abdomen, upon examination found that this condition was the result of cardiac disease. I administered 30 m. of the fluid ext. of apocynum cannabinum and it was gratifying to find that all the symptoms disappeared in five days."

We wish the doctor continued success and hope to hear from him soon again.

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### The Advantages of and Necessity for Thorough Organization.

BY EARL H. KING, M. D.

President of the Eclectic Medical Society State of New York.

"United we stand, divided we fall"; "In union there is strength." These two statements were made years ago in regard to the various States which make up this great Nation. They were true then and they are true today, not only of the United States of America, but of every union of persons or interests. They are especially applicable today to the members of the medical profession who are practicing under the Eclectic banner.

We, as physicians, have our relations to every other physician, no matter what school of medicine he affiliates with and we should honor and respect those relations, governing our conduct according to the Golden Rule.

In addition to these relations, however, we as a school have interests and obligations peculiar to ourselves which deserve and demand our best efforts and necessitate our safeguarding. In order to fulfill these obligations and work for the best interests and perfection of the principles and practice which we espouse there must be thorough and complete organization of our forces.

While there are forces organized which have tried to suppress and annihilate by the enactment of laws and institution of requirements which supposedly could not be met and now that this has failed are attempting absorption, we should be even more united and alert to our interests and carefully weigh and measure every advancement or overture which may be made on the part of our neighbors to know its true nature and purpose. Be sure that absorption does not mean annihilation by extinction.

I do not mean by this that we should continually antagonize our neighbors and be continually at war with them, but I mean that we have a right to live and we have interests to sustain and a work to do which is peculiar to ourselves; therefore, in order to accomplish these ends and insure self-preservation our organizations must be alive and active.

By thorough organization I mean the adoption and use of every legitimate and honorable means to further and sustain the interests and establish a high standard of Eclectic practice. By complete organization I mean the enlistment of every man who stands for freedom in medicine and the study of every rational means for the prevention, relief and cure of disease.

Organization does not mean simply a record of the names of several individuals who have entered into association under certain rules and regulations and who at specified times pay to some designated member certain fees for membership; these are necessary and right; but it means also that upon every individual so associated is imposed duties and obligations which he should be ready to fulfill willingly and thoroughly. Individually and separately we can accomplish comparatively little and that only in our own little sphere, but by uniting in one great whole, every man walking shoulder to shoulder and in harmony with his fellows, the banner can be carried onward and upward with honor and credit to the cause we represent.

The organization which is successful is not necessarily the one which has a large amount of machinery, but the one whose workings are simple and whose every member does his part faithfully. Have a place for every man and let every man be in his place. Let the organization be simple but thorough and see that every

man assigned to a duty performs that duty.

If you are an Eclectic and are not an active member of some Eclectic society or organization, it is your bounden duty to affiliate at once. We are all enjoying privileges and freedom which have only been brought about by faithful and persistent effort on the part of organizations which stand for Eclectic principles. Everyone, therefore, who enjoys the fruits of these labors is under moral obligation to sustain and support these societies by every legitimate means which will further their interests financially, politically or professionally.

Further than this, but of equal importance, is the necessity and advantage of uniting for the study and discussion of those questions which we are meeting in our everyday round of business.

No one who has ever attended a meeting of any of our societies has gone away without some addition to his store of knowledge or has been stimulated to renewed interest and effort along some line.

Our school has necessarily been one engaged in original investigation in a greater or less degree and it is our duty to continue this work and not build our successes alone on what has been done.

Every great work must either progress or fall back, it cannot stand still and live. Let each and every one see that he does his part to carry the work forward and perfect it by adding his contribution, be it small or great, to the common fund of knowledge which has already been collected.

What has been learned and proven must not die with us, it is worth preserving and must be handed to posterity. This can only be done by uniting our interests, our thought and our labors.

Saratoga Springs, N. Y.

### The National.

BY R. L. THOMAS, M. D., PRESIDENT N. E. M. A.

I presume, were I to ask each physician in the United States who is practicing eclectic-ism to-day, what eclectic-ism has done for the world and for him individually, the almost universal answer would be about as follows: It has given to the world, 1st a *safe* medication, and has ever treated the sick kindly.

2. It has developed a *materia medica* unequaled by any school.

3. It presents the most *rational* system of medicine before the people—the treating of special *conditions* by special remedies, rather than special diseases by special remedies.

For the individual eclectic physician it has taught him, 1st, that disease is impaired life, and always lessens vitality; therefore any remedy or method that depresses or still further lowers the patient's power to live, should be discarded.

2. That the conditions are not the same in all patients affected with the same disease, hence the same remedy will not fit all cases.

3. That there is a definite relation existing between disease expression and drug action.

4. That having once found this harmony of action, he has found it for all time—the key to specific medication.

5. That these principles have made him a successful practitioner, and given him influence and position in his community.

This is what eclectic-ism has done for the Eclectic doctor. Now what does the doctor owe to eclectic-ism?

1. To give his best thought and work to disseminating Eclectic knowledge.

2. To join the State Society, to come in contact with his brother practitioner, and help in a well organized way to become a factor in his State on medical affairs.

3. To join the National, and add his mite to making this a great power in the medical world. The regulars are well organized, and owe much of their power to-day to their organizations. Eclectic-ism will not take the place to which she is entitled in the medical world so long as her members fail to identify themselves with their State and National Association.

I hardly need to say to the doctor who is not a member of these societies, that the investment will pay; that, notwithstanding he may lose an obstetric case (the standard excuse for not attending) or a few office calls, the time and money spent at such associations far outweighs the few dollars lost; for in the end he is the gainer, not only in physical and mental rest, which comes to the busy practitioner, but in the broadening process which results from mingling with the best professional talent in his school. The patients also, even if they do growl at his absence, secretly respect him more for the position taken in such matters.

Eclectic-ism presents the most rational system of medicine before the public to-day; before her is a future, with possibilities of greater success than she has yet achieved, and if each individual enrolls himself in his State and National societies, there will be such a momentum given to the system as will make itself felt in every State in the Union, and hasten the day when to be Eclectic will be as great an honor as heretofore it has been to be a regular. There is an individual duty here. Let all our physicians measure up to their responsibility.—*Eclectic Medical Journal*.

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Echinacea is recommended by Dr. T. C. Irwin, of Jacksonville, Fla., in the treatment of old ulcers, benign and malignant, and varicose ulcers of the leg.—*Summary*.



## Therapeutics

Edited by

JOHN WILLIAM FYFE, M. D.

All articles for this department should be sent to Dr. J.  
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### Hyoscyamus Niger.

Hyoscyamus is a very reliable remedial agent, and the range of its curative action is wide and far reaching. It is a powerful sedative to the nervous system, relieves irritation, removes the tendency to that morbid and exalted sensibility which often complicates various diseases, and, at the same time, increases the activity of the secreting organs.

In hyperaesthesia, nervous pains and spasms hyoscyamus is an efficient remedy, and in catarrhal affections of the mucous membranes it is used with good success. In morbid acuteness of the organs of sense and imaginary wrongs, accompanied by nervous irritability and wakefulness, it constitutes a medicament which should never be neglected. In the treatment of fevers and inflammations, when there is excitement and increased sensibility, hyoscyamus is often a much needed remedy, and in nervous conditions accompanied by violent spasmodic pains it exerts a quieting influence which is promptly manifested. Catarrhal coughs and the early stages of whooping cough frequently require its soothing effects, and the spasmodic symptoms of phthisis are moderated by its exhibition. In this disease it also relieves the unfortunate victim by gently promoting expectoration. In hemoptysis and other hemorrhages, when accompanied by spasmodic action, it may well constitute a part of the treatment.

The affections in which hyoscyamus is employed with the greatest success are those in which hyperaesthesia and great excitement are prominently manifested. In mania and in melancholy, when there is an exalted

condition of the sensibilities and a painful acuteness of touch, it will do much toward lessening the sufferings of the patient, and in conditions characterized by great sexual excitement it is among our most reliable remedial agents. Convulsions arising from irritable conditions of the nervous system, and accompanied by fever or cerebral excitement, came within its controlling influence, and it is also of value in the convulsions of nursing children, and especially in those cases which occur during dentition.

It should be remembered that hyoscyamus is indicated only when there is excitement of the nervous system. In passive or atonic conditions it is worse than useless, and may even become positively dangerous. Whenever there is excitement accompanied by delirium, restlessness or sleeplessness, five to ten drops of the specific medicine, largely diluted with water, every hour for three or four hours, will give the patient much relief. If the excitement is not great smaller doses frequently repeated will do the required work well.

Hyoscyamus niger is antispasmodic, sedative, anodyne, diuretic, soporific, laxative and narcotic. In large doses it causes dryness of the mouth and throat, thirst, nausea, deafness and headache. It may also cause a dull, heavy feeling in the head, debility, confusion of ideas, optical illusions, dilation of the pupils, increased heat of the head and coldness of the extremities. The extremities and the tongue may become partially paralyzed and immovable. In very large doses it may cause severe convulsions, tetanic cramps, fainting, coma, paralysis and apoplexy.

The following are among the leading indications calling for hyoscyamus: Great excitement of the nervous system; delirium with hallucinations; sleeplessness from cerebral hyperaemia or excitement, and dreamful sleep from the same cause; spasmodic movements of hysterical origin; spasmodic

dry cough; morbid sensitiveness of any organ.

The dose of specific hyoscyamus (or a good fluid extract) is from 1 to 10 drops, largely diluted with water.

### Treatment of Eclampsia.

The abstracts which follow were taken from an interesting article recently published in the *Brooklyn Medical Journal*, by Dr. Judd.

"Veratrum viride constitutes a distinctly American treatment. In the writer's experience it is one of our most valuable remedies, but it should be given in large enough doses to keep the pulse down to 60 per minute. I have seen convulsions occur in one case on veratrum when the pulse was 70 per minute. \* \* \* The proper dose of morphine in eclampsia is one-half of a grain. \* \* \* Chloral by rectum is a most valuable aid. Doses of 40-60 grains are not too large. Carpenter, who said that premature labor, and still less, abortion, are never to be induced, approved of this remedy above all others. One successful case has been reported where 240 grains were used in six hours; and another, 470 grains in twenty-four hours. \* \* \* Diaphoresis and catharsis should be used in all cases as a part of the treatment. The hot wet pack by means of a blanket wrung out of hot water is always available. If the patient is unconscious, free catharsis can be obtained by means of croton oil or elaterium. If the patient can swallow, epsom salts is the best remedy for this purpose. Hirst speaks of using 16 ounces in repeated doses in one case before the desired result was produced. The one idea to bear in mind is that whatever remedy is used, push it until you get its physiological effects. \* \* \* Nitroglycerine and nitrite of amyl occupy only a minor position in the treatment of eclampsia. The status of chloroform in the treatment of this disease is

settled. Its use is to control the convulsions. It should not be relied upon alone. It has been used for a period of ten years with good results. In saline effusion, we have a more recent addition to the therapeutic armamentarium of eclampsia. It acts as a cardiac stimulant and lessens the liability to shock very materially. Also acts as a stimulant to the various secretions, and aids materially in the excretion of toxins, as is shown by the fact that the excretion of urine increases much more rapidly in those cases that have been infused. It also dilutes the toxins already present in the blood and thus lessens one source of irritation."

### Treatment of Pneumonia.

In my opinion no safer or more efficient treatment can be devised than that which is suggested in the following abstracts from an article written by Dr. W. E. Bloyer. Its universal adoption would, without a doubt, greatly lessen the number of fatal cases of pneumonia. After referring to the numerous errors often made in the management of this very prevalent disease, the doctor says:

"Temperature in pneumonia as in typhoid fever, should not be combatted unless it reaches such a degree that it will of itself produce great functional disturbances or organic change, etc., that may lead to death. Then only does it demand treatment. It is at all times a symptom, and the cause lies back of it, and when the latter is removed or met by treatment, the fever disappears with it. In pneumonia cases when it becomes necessary to treat a very high temperature \* \* \* the indicated remedy should be given. When the face is flushed, eyes are bright, head hot, patient nervous, etc., the remedy isgelsemium in appreciable doses; if the nervous excitement of rhus tox, with enlarged papillae, narrow tongue, etc., are present, there is no better remedy; if the patient

be dull, stupid, capillaries congested, etc., the remedy is belladonna; the irritating cough, together with bronchial and pleuritic complications, calls for bryonia, and, in our opinion, bryonia is called for in at least two-thirds of the pneumonia cases that present; lobelia is another excellent remedy when there is difficult breathing, oppression, bordering upon asthma, with usually a broad tongue and tissues tending to atonic relaxation. Too many think of lobelia as a remedy only in the line of an emetic. Its greatest and best action is through the small dose, when from five to eight drops of the specific medicine are added to four ounces of water, and a teaspoonful of the mixture is given every half hour or hour. As the lady physician would say, 'yes, indeed, we just dearly love lobelia!' Sanguinaria is another efficient drug in chest troubles; there is atony and dryness, cough and tickling, little secretion, etc. Asclepias is of the greatest importance; perhaps it is without an equal in the treatment of pneumonitis, peritonitis, etc. It is a true sedative, and a diaphoretic of great value when the skin is hot, inclined to moisture, the face is flushed and the pain is sharp. Frequently asclepias does well in alteration with rhus tox or gelsemium. Any remedy may be indicated. Although not classed as a sedative, we are positive that we have reduced temperature in many cases by the giving of specific nux vomica. And very frequently a foul stomach must be changed by an alkali (bicarbonate of soda) or an acid (muriatic) before any remedy will be absorbed sufficiently to do any material good. Or it is possible that the prevailing symptoms indicate sepsis, a foul breath, sordes, etc. Crowd your sedatives here and the undertaker will follow you very closely. Better give baptisia, phytolacca, echinacea, muriatic acid, etc. The loaded, dirty tongue usually precedes this 'typhoid' state or condition, and nature frequently tries to unload through the aid of

a physiological diarrhoea. As a physician you can aid nature in her work by giving small doses of the 1 to 100 of specific podophyllin, or a mild physic and save your case from becoming a grave one. Give an opiate or other astringent to check diarrhoea and you make the case a grave one by creating a condition that invites sepsis.

"The local application best suited to all cases is that old eclectic favorite, the compound emetic powder, sprinkled freely upon a larded or vaselined flannel and spread generously over the chest. Though it may produce redness it will not blister, and the powder should be freshly applied night and morning. When the surface becomes sticky and itchy, a hot, moist sponge, with soap, will remove the dried application, when a fresh flannel should be applied."

In cases suffering from severe pain the doctor would now, undoubtedly, substitute libradol for the compound emetic powder.

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### Liquids in Fevers.

A writer in the *Georgia Eclectic Medical Journal*, in referring to the treatment of typhoid fever patients, in part says:

"All fever cases should drink a large amount of liquid. It tends to improve or increase perspiration, to keep the skin moist and in good condition, and also increases the bulk of urine, which is what we desire, as in fever cases the kidneys easily become congested and there is excreted a small amount of very concentrated urine, which again adds its irritation, and the liquid also gets rid of the excretory matter which should pass off in the urine, and which, as I have previously told you, is increased during fever. A typhoid case may be so apathetic or stuporous that he does not ask for water, but he should receive liquid frequently whether he ask for it or not. Plain water or distilled water has been given typhoid cases in large amounts, under the belief that simply this large



amount of liquid increases the action of all the eliminative organs and lowers the fever. Aerated waters may be given. Acid drinks, as perhaps none better than lemonade, or water acidulated with dilute phosphoric acid, or dilute hydrochloric acid, or dilute sulphuric acid, but, as above stated, none perhaps better than lemonade. Barley water is perhaps the most soothing to the mucous membranes, at the same time carrying with it a small amount of nutrition, and makes, perhaps, theoretically, the best drink we can furnish. A tablespoonful of prepared barley is cooked in a pint of water. This is then strained and cooled, and furnishes a very bland liquid. Cracked ice can, of course, be eaten ad libitum, or tablespoonful doses of ice water may be given."

#### Chloroform at Night.

In calling attention to the dangers which should be considered when chloroforming a patient at night, the *Medical Council* says:

"Of course, all know the old caution about the danger of chloroforming at night because of the possibility of explosion from contact of the chloroform fumes with the naked flame. One was considered to have taken every necessary precaution in seeing that anesthesia took place as far as possible from a flame. The danger, however, to which we now call attention is of another kind. When, without any explosion, nurse and operator and assistant become unconscious, and even die, and it is subsequently learned that this fatal outcome is the result of inhalation of poisonous vapors generated by the contact of chloroform gas with the naked flame, it is advisable to give wide currency to the facts so as to guard against their recurrence. The patients have, as a rule, in these instances, been free or relatively free from trouble, most probably because of the exclusion of the noxious vapors during anesthesia.

Dr. Kenelm Winslow, in the *Medical Sentinel* of January, 1903, has a brief but

exhaustive article upon this subject, ending with a useful bibliography. He has gone over the ground, and finds that the contact of chloroform vapor with a naked flame results in the formation of free chlorine gas and hydrochloric-acid vapor. Inhalation of these produces severe laryngeal and pulmonary irritation, congestion, and even inflammation, terminating in some cases in death.

If chloroform is to be used at all at night, it is preferable to do so under the incandescent electric light. If, however, in the presence of a naked flame, signs of respiratory irritation should be looked for, and the chloroform stopped immediately upon their appearance. Anesthesia should then be continued with ether. As this subject is a very important one, we should be glad to hear from any of our readers who may have had experience with it."

#### Sound Therapeutics.

In writing to the *Boston Medical and Physical Journal* on the essentials of a successful treatment of the sick, Dr. B. W. Loomis in substance says:

"1. Keeping in mind the tendency to self-limitations of pathological processes and the possibility of cure as a result of natural forces, never prescribe a remedy that will interfere with, or upset the conservative efforts of the organism. 2. Keep the problem of treatment as simple as possible by the exhibition of few remedies, well selected. 3. Bear in mind the possibility of aggravating existing pathological conditions or introducing new ones, by injudicious or too heroic methods of treatment. 4. Remember that the benefit to be expected from remedies is generally offset or neutralized when a large number of remedies is exhibited at the same time. 5. Try to remove the cause—this presupposes a careful study of the case, rather than a hasty prescription for this, that or the other symptom. 6. Do not forget that most med-

icines are two-edged swords—if the medicine does no good it is likely to do harm. 7. Prescribe for conditions, not diseases. 8. When necessary, hit hard, but not too often. 9. Watch constantly for symptoms that may be the result of remedies prescribed for the relief of other symptoms. In order to become a therapist in the broad meaning of the term, years of experiment and observation at the bedside are necessary.”

### **Creolinum.**

*Common name.*—Creolin.

*Description.*—This dark-brown alkaline liquid may be obtained from a by-product in the manufacture of carbolic acid. It is of a syrupy consistency, a mixed chemical character, an unpleasant tarry odor, and precipitates in water, but it is soluble in alcohol.

*Dose.*—1 to 4 minims, but its internal use is not here recommended.

*Indications.*—Conditions requiring a gastric and intestinal antiseptic; internal parasites; tuberculosis; fermentative changes in the stomach. Locally: wounds; septic wounds; cystitis.

This agent is reputed to not only keep fresh wounds aseptic, but also to deodorize and render aseptic suppurating and ichorous wounds and to promote healthy granulations and cicatrization. A mixture of one-half to one part to 100 parts of water is used as a lotion and dressing to fresh wounds. For the disinfection of septic wounds a two to four per cent. mixture is employed, and a one-half per cent. mixture is used for washing out the bladder in cystitis. It is also valuable as a disinfectant of privy vaults.

Caution should be observed in the use of this drug as cases of poisoning have resulted from its employment. At least one fatal case has been reported, and several other cases have occurred which finally recovered. The symptoms presented were scarlatiniform eruption, albuminuria and dark-colored urine.

Creolinum is antiseptic and disinfectant.

### **Acidum Picricum.**

*Common name.*—Picric Acid, Carbazotic Acid.

*Description.*—This acid may be made by a process in which carbolic acid and nitric acid are employed, and in several other ways. It occurs in the form of bright lemon-yellow crystals, dissolves slightly in cold water, to a considerable extent in boiling water, and more freely in alcohol. Its taste is acid and extremely bitter. It stains organic substances a yellow color which is very difficult to remove. If rapidly heated to a high temperature it takes fire and burns, leaving no residue. This acid unites with alkalies to form salts which are called picrates or carbazotates. They are all extremely bitter, and some of them explode with violence when heated. The ammonium salt is the only one of these salts in common use as a medicine.

*Indications.*—Superficial burns.

This acid constitutes a favorite dressing of some physicians in the treatment of superficial burns, but it is not a suitable agent in the treatment of extensive and deep burns, as in such cases there is danger of poisoning. It controls pain and promotes healing. In superficial burns sterilized gauze is soaked in a saturated solution of the acid and laid over the burned surface, a light dressing placed over this and the whole retained by a light bandage. At the end of three days the dressing should be wet with the acid solution and gently removed. A second dressing may then be applied in the same way as at first. When pus no longer forms this dressing may be replaced by a simpler one. In some cases the acid solution is simply brushed over the burned surface, and a light dressing placed over it for a few days.

Alcohol or a solution of boric acid will aid much in removing the stains from picric acid.

### Apomorphia.

Dr. O. W. Blood, in writing to the *Medical Gleaner* of his use of apomorphia, in part says:

"It is my first thought in asthma, and I believe the effect is best in those cases where there is little secretion, or 'dry asthma.' One case of twenty years' standing was cured at once and forever afterward by three doses. But do not always expect such results. As the 'preparatory' treatment for alcoholism I give all the patient will stand for from twenty-four to forty-eight hours, always giving with caution. At the end of that time you cannot mention whiskey to them, and they are already half cured. Besides, you have also made an impression upon the mind. After that I finish the cure at my leisure. Some patients can stand one-tenth grain doses each hour for five or six hours, but it is well to always be very cautious in administering it, as some persons are extremely susceptible to its influence. In making solutions alcohol should be added, or it will decompose within two or three days."

Diseased conditions vary. Pneumonia, dysentery, typhoid fever, diphtheria, etc., show a variety of conditions, and it is absurd to suppose that any one remedy or combination of remedies will fit all cases. In one pneumonia patient we find a feeble circulation; in another, a full, strong pulse and excessive heart power; while in another, sepsis forms the leading role in the phenomena exhibited.

So of every other disease; few patients having the same disease need exactly the same treatment. Each patient needs special study, and to be successfully treated, needs special treatment.—*R. L. T. in the Medical Counsellor.*

### Gonorrheal Cystitis in Women.

In the treatment of this affection, Dr. C. D. Lockwood, of Los Angeles, Cal., (*South*

*Cal. Pract.*, XVIII, No. 4), has found a most excellent remedy in a 1 : 5 solution of ichthyl in glycerin. A urethroscopic tube is introduced through the urethra, and an application made first to the trigone by means of an applicator dipped in the ichthyl mixture. The endoscopic tube is then withdrawn until the applicator projects about an inch beyond the lumen of the tube within the urethra. The applicator and tube are now slowly withdrawn, maintaining the same relative position. In this way the walls of the urethra are kept and the stretch, and all folds smoothed out, so that the applicator following thoroughly swabs the entire canal. This treatment is given every other day, until stained specimens no longer show gonococci. —*Merks.*

## Society Meetings

### Society Calendar.

National Eclectic Medical Association. Meets at St. Louis, in June 1904. R. L. Thomas, M. D., president; Finley Ellingwood, M. D., secretary.  
Eclectic Medical Society of the State of New York. Meets at Albany, April 7th and 8th, 1904. E. H. King, M. D., president; S. A. Hardy, M. D., secretary.

Massachusetts Eclectic Medical Society. Meets first Thursday and Friday of June, in Boston. Wm. H. Russell, M. D., president; Pitts Edwin Howes, M. D., secretary.

Eclectic Medical Society of the City and County of New York. Meets third Thursday in each month at 239 East 14th street. A. W. Herzog, M. D., president; W. L. Heeve, M. D., secretary.

Kings County Eclectic Medical Society. Meets third Monday in each month; Nov. meeting at the office of Dr. Martin King, Brooklyn. H. Stoesser, M. D., president; J. A. Nordbrock, M. D., secretary.

New York Specific Medication Club. Meets second Thursday in each month at 239 East 14th street. V. Sillo, M. D., secretary.

Boston District Eclectic Medical Society. Meets the fourth Monday of each month, excepting July and August, at "The Thordike," Boylston street. Lydia Ross, M. D., president; Pitts Edwin Howes, M. D., secretary.

### Eclectic Medical Association of the State of Texas.

The Twentieth Annual Meeting of the Eclectic Medical Association of the State of Texas convened in K. P. Hall, Waco, Texas, October 13, 1903.



The meeting was called to order at 10 A. M. by Dr. D. W. Holmes of Bellview, president of the association.

The invocation was then pronounced by Dr. J. B. Eskridge of Texas Christian University and was an eloquent one.

The Mayor was unavoidably detained and the address of welcome was postponed until he could be present.

The following are the officers of the association who answered the roll call:

D. W. Holmes, M. D., president, Bellview, Jason Tyson, M. D., vice-president, Santa Anna; W. E. Bridges, M. D., second vice-president, Gober, Texas; M. E. Daniel, M. D., treasurer, Honey Grove; W. M. Tucker, Flatonia; B. E. Duvall, McGregor; J. O. Lanius, Bonham, corresponding secretaries.

After the roll call of officers, Secretary Hudson read the minutes of the previous meeting which were adopted as read.

The president then announced the appointment of the following committees:

Press Committee.—Drs. W. E. Briggs, Gober; J. C. Tyson, San Antonio; George A. Tyler, Bettie.

Credential.—Dr. H. W. Gates, Waco; Dr. C. P. Smith, Canton; Dr. J. N. White, Queen City.

Auditing.—Drs. G. Helbing, Bonham; W. S. Haines, Tillman; J. N. White, Queen City.

After the announcement of the committees the secretary made his report. It showed the organization in good condition and that the membership was growing.

Afternoon Session—2 P. M.

First came the president's address, an able and dignified discourse upon the vital points of the needs, duties and rights of the profession.

Preliminary business having been disposed of, Sectional Work was taken up.

#### SECTION I.

Materia Medica and Therapeutics.—Chairman P. S. Spain, M. D., Paris, Texas;

vice-Chairman J. M. Baker, M. D., Nolanville, Texas; secretary E. L. Fox, M. D., Houston, Texas.

The following papers were read and discussed: Purgatives, Their Use and Abuse by J. A. Lanius, M. D., Bonham, Texas. Appendicitis by W. E. Bridge, M. D., Gober, Texas. A case of Purulent Catarrh of the Sinuses of the Antrum of Highmore by C. D. Hudson, M. D., Waco, Texas. Therapeutics by D. J. Thomas, M. D., Dalhart, Texas.

#### SECTION II.

Practice of Medicine.—Chairman J. N. White, M. D., Queen City, Texas; vice-chairman W. E. Bridge, M. D., Gober, Texas; secretary W. M. Tucker, M. D. Flatonia, Texas.

Pain and Its Treatment by Jason Tyson, M. D., Santa Anna, Texas. Hematuria by P. W. Van Zaut, M. D., Dolby Springs, Texas. Typhoid Fever by P. W. Van Zaut, M. D., Dolby Springs, Texas.

#### SECTION IV.

Gynaecology.—Chairman W. J. Bell, M. D., Gainesville, Texas.

How to Prepare a Women for Confinement by L. S. Downs, M. D., Galveston, Texas. Some Thoughts on Obstetrics by Mary B. Morey, M. D., Gonzales, Texas.

#### SECTION V.

Diseases of the Eye, Ear, Nose and Throat.—Chairman G. W. Johnson, M. D., San Antonio, Texas; vice-Chairman, Chas. Dowdell, M. D., Ennis, Texas; secretary M. E. Daniel, M. D., Honey Grove, Texas.

The Medical Profession.—G. W. Johnson, M. D., San Antonio, Tex.

Anatomy of the Eye.—G. W. Johnson, M. D., San Antonio, Tex. X-ray in Eye Afflictions by L. S. Downs, M. D., Galveston, Tex.

Adjourned to meet at 9 A. M., October 14, resumed business promptly at 9 A. M., and was then given a hearty welcome by Prof. J. R. Eskridge, of Waco, who

not only displayed wonderful critical abilities and erudition, but grit and pluck sufficient to dare to publically commend Eclecticism and proclaim it for in the vane in therapeutical accomplishments.

Dr. G. W. Johnson, in his usual happy mood, responded as follows:

Drs. and Friends:—In behalf of the Texas Eclectic Medical Association and the individual members, I thank you for the kind words just spoken in welcoming us to your beautiful and progressive city.

It is great encouragement to any organization or individual to have kindly words spoken in their behalf.

The interruptions and disappointments that naturally occur in life need the stimulus coming from kindly words spoken to bridge over the chasm that separates disappointment, and the desire to further the individual advancement. No greater pleasure could be man's than to give encouragement to his fellowman. With this feeling within us we meet our fellowman, and promise him our support to the end of giving our associates that assistance which will make each of us better citizens. The beauty of individual character and personal worth is enlarged upon by that association which offers assurance of support and moral encouragement. In this atmosphere, we as individuals, breathe the inspiring ozone that gives us individuality and selfrespect.

The only excuse we have to offer for having met in your city is that we like to meet good people who have kind words for us, and who live in thriving and progressive cities.

You may ask what the difference between our school or Medical Associations and other schools? The only difference in schools or systems of medicine is in the therapeutic application of drugs. That our school has a therapeutic individuality based upon scientific principles we claim,

which the experience and investigation of scientific men substantiate.

I believe that we have been accused of being the opposing element in the medical profession. This is an injustice to a large number of honest and scientific investigators. Those of the eclectic faith, who have been the leaders in our school, have ever shown, not only a willingness, but a desire to give due credit to all who have contributed to perfecting the healing art.

At the beginning our physicians were very much occupied with the vegetable products of the U. S. Their zeal in this particular has not the least diminished with the result of giving to the medical profession many valuable and practical scientific truths along the lines of therapeutics. I don't wish to be understood, however, to state that our physicians confine themselves to vegetable products. They have shown a desire to procure information from any and all sources, therefore have drawn largely upon the mineral world for therapeutic assistance.

Much has been said about preventive medicine. Investigators along this line have given us valuable information. We have ever given our support in investigation in this direction. We also believe that direct medication for direct effect, deserves consideration in this category. We feel that by sustaining the vital forces in our efforts to cure diseases, much can be done towards preventing others.

Again, we feel that that branch of medicine surgery, which has attracted so much attention and thought the past few years, can be greatly assisted by proper indications for drug action. To my mind properly selected drugs for a direct effect renders surgery great assistance and is the cause of surgical operations proving more successful now than in former times. It is true that a better knowledge of sanitation and antiseptics have come in for

consideration in surgical cases, but it is no less true that drugs selected with an understanding of their physiological and therapeutical action have assisted materially in bringing about the present results.

Again, allow me to thank you for your welcome. I trust that the deportment and conduct of our members while in your city will not cause you to regret our having met with you. Following Dr. Johnson, our ever ready, soul invigorating, heart-touching and brain-inspiring, good and loyal friend, Prof. J. U. Lloyd, by invitation, stepped to the platform and electrified all by his practical good sense.

#### REPORT OF COMMITTEES.

The committee on necrology passed resolutions on the death of Drs. A. Standlee, Santa Anna; J. M. Williams, Stephenville, and Prof. Locke, Cincinnati, Ohio.

The committee on credentials reported favorably on the following: Drs. G. M. Williams, Rosebud; Chas. W. Watson, Lannius; C. A. Lanier, Fort Worth; W. C. Ament, Moody, and W. C. B. Remy, Wilmer.

The auditing committee reported finding the books of the officers of the association correctly kept and finances in good condition with plenty of cash on hand.

Dr. C. D. Hudson, of Waco, presented an interesting clinic with an abdominal tumor.

#### Section VI.

Miscellaneous. — Chairman, L. S. Downs, M. D., Galveston; vice-chairman, B. E. DuVall, M. D., McGregor, Texas; secretary, H. W. Gates, M. D., Waco, Texas.

An Ideal Country Doctor.—J. N. White, M. D., Queens City, Texas.

Shall We Join the Regulars.—G. W. Johnson, M. D., San Antonio.

Is the Practice of Medicine Sufficiently Remunerative.—Jason Tyson, M. D., Santa Anna, Texas.

Woman's Advantage and Disadvantages in the Practice of Medicine.—M. B. Morey, Gonzales, Texas.

Medical Jurisprudence.—Chas. Dowell, M. D., Ennis, Texas.

The One Thing I Know and Can Do Best in Medicine.—M. W. Pitts, M. D., Honey Grove, Texas.

The Little Things in Practice.—E. J. Cowles, M. D.

The Crank in Medicine.—G. Helbing, M. D., Bonham, Texas.

Electricity and X-ray.—L. S. Downs, M. D., Galveston, Texas.

Ft. Davis as a Health Resort.—L. S. Downs, M. D., Galveston, Texas.

The Business Side of the Practice of Medicine.—E. D. Cowan, M. D., Cromwell, Texas.

Dr. McIntyre, Big Springs, presented an interesting clinic.

The association adjourned for supper, after which a night session was held at Dr. O. D. Hudson's, resulting in the election of officers for the ensuing year, as follows: Drs. H. W. Gates, Waco, president; W. E. Bridge, Gober, first vice-president; W. R. Fowler, Pottsville, second vice-president; L. S. Downs, Galveston, secretary; M. E. Daniel, Honey Grove, treasurer; George A. Tyler, Bettie, J. A. Lannius, Bonham, Texas, James A. Wittie, Lovenia, Texas, and Mary B. Morey, Gonzales, Texas, were elected corresponding secretaries. G. W. Johnson, M. D., M. E. Daniel, M. D., representation to National.

Should An Eclectic Affiliate With the Allopaths?—By M. W. Henry, M. D., Weilder, Texas.

Psychology in Medicine, by W. R. Fowler, M. D., Pottsville, Texas.

The Texas Eclectic Medical Association, by W. J. Bell, M. D., Gainesville, Texas.

Anti-Diphtheretic Serum, by M. E. Daniel, M. D., Honey Grove, Texas.



G. W. Johnson, M. D., G. H. Helbing, M. D., G. E. Daniels, M. D. were appointed a committee on necrology and submitted the following resolutions, which were adopted:

"Whereas, The Eclectic School has suffered an irreparable loss by the death of our beloved Prof. and benefactor F. Locke, M. D., of Cincinnati, Ohio., therefore be it resolved by this Association that we deplore our great loss as a school and as individuals, and that we condole and mourn with his wife and loved ones in their sorrow and distress."

As it has pleased the Almighty in his wisdom to remove from our midst our dear brothers Dr. A. Standlee and Dr. J. M. Williamson,

Be it resolved that in their death our cause in the state has suffered a great loss and our school two staunch supporters and friends.

Resolved, That the above resolution be spread upon our minutes.

M. E. DANIEL, M. D.,  
G. W. JOHNSON, M. D.,  
G. HELBING, M. D.

The following resolutions were adopted:

Resolved, That it is the sense of the Association that the physicians of Texas should be granted a separate medical examining board.

Resolved, That all members in arrears for dues for three or more years be reinstated on the payment of five dollars.

Resolved, That P. W. Van Zaut, M. D., of Dolby Springs, be exempt from further payment of dues to this Association.

The following physicians were elected members of the Association:

T. J. Cherry, M. D., Timber, Tex.; C. W. Watson, M. D., Lannius, Tex.; W. O. B. Remy, M. D., Wilmer, Tex.; W. M. Williams, M. D., Rosebud, Tex.; W. C. Ament, M. D. Moody, Tex.; C. A. Lanier,

M. D., Ft. Worth, Tex.; J. A. Witte, M. D., Moody, Tex.

#### Treasurer's Report.

##### Receipts:

Balance on hand, Oct. 15.....	\$167.20
Collected during session.....	87.00

##### Disbursements:

To Pres. for expenses.....	\$5.00
To Treasurer .....	8.61
To Secretary .....	35.80
Incidental expenses .....	29.25

\$78.66

Bal.....\$175.54

October 15th.

Meeting called to order at 9 A. M. by President; sectional work was resumed. Many interesting and instructive papers were presented and read which elicited general discussion. A real medical love feast followed, and after several hours of scientific and practical consultation, the Association closed one of the most enthusiastic, well attended meetings the Eclectic of Texas have ever held.

The press, the physicians of Waco and their friends vied with each other to make our stay in the city enjoyable and profitable. Never have we been so royally entertained by the local profession and each one present goes to his or her respective home with a better feeling for Eclecticism a broader conception of medicine and humanity and a warmer feeling in their hearts for brothers Gates and Hudson, and their good wives.

The Association voted to hold its next meeting in the world renowned "Sea Wall City," October, 1904.

Already fifty have promised to be there. Prof. J. U. Lloyd with his good wife and lovely daughters will be there. A delegation from every college city in the United States will be there.

G. W. GATES, M. D., PRES.,  
L. S. DOWNS, M. D., SEC.

**Boston District Eclectic Medical Society.**

Boston, Oct. 20, 1903.

The Boston District Eclectic Medical Society held its monthly meeting this evening at "The Thorndike."

The constitution and by-laws were thoroughly revised. Among other things the night of meeting was changed from the third Tuesday to the fourth Monday of each month, excepting July and August.

After the business was transacted Dr. Pitts Edwin Howes spoke as follows upon colocynth.

Colocynth is one of the remedies which we seldom see mentioned in medical literature, and generally it is dismissed with a few words regarding its cathartic effect when administered in large doses.

The late Prof. J. M. Scudder, in his "Specific Medication" says: "I am satisfied that a thorough investigation of the remedy, in small doses, will develop important uses."

This investigation remains yet to be made in a thorough systematic manner. In the few words that follow I desire to state what the drug has accomplished for me and what its field of action includes.

First, I wish to impress upon you the importance of using the drug in minute doses if you wish to get the best curative effect. I rarely prescribe more than two drops to four ounces of water, giving of this mixture drachm doses every one, two or three hours, according as the case is more or less chronic.

When given in large doses it produces, diarrhoea, colic and vomiting. The diarrhoea is watery and, after large doses, serous, mucous and bloody. This physiological action may be taken as the basis for its curative uses when given in the small dose.

It is along these lines that I have used it and it has indeed proved a friend in many severe and peculiar bowel troubles.

Whenever you have a diarrhoea with a free, watery discharge, combined with much pain of a colicky nature you will get good results from the use of colocynth.

Again in those cases of colic, bilious in their nature, where the pain is sharp, lancinating, and inclined to move from place to place with rapidity that is somewhat surprising, you will find the minute doses of colocynth a true reliever of the cause of the disturbance.

Frequently you will have patients come to you complaining of the pain which they suffer around the region of the heart, and strong in their belief that they are suffering from heart trouble. Possibly this thought has been intensified by the concurring statement of some physician with whom they have been doctoring. Your examination shows conclusively that the heart is not at fault, but you do find, by persistent questioning, that their food distresses them to a considerable extent, that there is always a bloated feeling of the stomach and bowels after eating, that there is more or less of a watery fluid which regurgitates from the stomach, and that their pain is more severe at the occurrence of these symptoms. Your case of heart disease has resolved itself into one of stomach and intestinal wrong. The filling of the stomach with gas from undigested food will cause a pressure upon the heart and thus produce many symptoms of a true heart difficulty. Many times I have treated these troubles by the colocynth, with great satisfaction to my patient as well as myself.

In cases of vomiting, which seem to be caused by a catarrhal wrong, the colocynth will prove very efficacious in checking the mischief.

From my observation and experience then, I should say that colocynth exerts its healing influence largely upon the digestive tract, especially in those wrongs which are induced by an excessive excre-

tion of watery mucous, whether situated in the stomach, the small or large intestine.

One peculiarity of the colocynth should not be forgotten; that is, the rapidity with which it acts, unless it is given in chronic cases.

Frequently three or four doses, a half-hour apart, will cause much relief in your acute case. In chronic cases it acts slowly, and must be persisted in for a long time before the full benefit is perceived.

I combine it with dioscorea very often in these various intestinal difficulties and find that the combination is a happy one.

My purpose in writing these few words is to call attention to the use of this drug in the hopes that a wider use of it may develop some new fields of usefulness.

#### DISCUSSION.

Among those present there were none who had used the colocynth to any great extent.

The discussion which followed was rather upon the minute dose of remedies, in contradistinction to the large dose, than upon the paper itself. Many arguments were produced to show that the minute dose of medicine was a fallacy. There were met and confuted by those who believed in the small amount of medicine properly selected, and cases were cited to make their position stronger.

Like many other discussions, on other subjects, each side held its own beliefs with a pertinacity that refused to be convinced, although all conceded the fact that the physician must have faith in his own medication if he was to be successful in arousing the necessary faith in his patient that he could be cured.

#### Eclectic Medical Society of the City and County of New York.

New York October 15, 1903.

The regular monthly meeting of the so-

cietiy was held conjointly with the Specific Medication Club on the above date at 194 Third Avenue. owing to the incomplete alterations of the college building. Forty-one members responded to the roll-call. The Committee on Resolutions and Floral design reported that the money collected at the last special meeting was expended in the purchase of a floral design of a "broken wheel," as the society's token of esteem for our late vice-president, F. L. Morhard, M. D., and presented the following resolution:

"We desire to record in the minutes of this meeting, the first regular meeting since his death, the love, respect and esteem in which Francis L. Morhard, M. D., was always held by the members of our society.

Resolved: That this minute be placed in the record book on a special page set aside for that purpose.

Under the report of cases, Dr. Krausi related the history of a case of typhoid fever giving a subnormal temperature and bradycardia as early symptoms.

Dr. Hardy reported a case diagnosed as small-pox at a certain clinic which later proved to be a case chicken-pox.

Dr. Toms reported a case of bronchial hemorrhage, which failed to respond to the usual remedies.

Dr. Boskowitz spoke on *Iycopus* and *hydrastis* as admirable remedies in bronchial and pulmonary hemorrhages.

Dr. Heeve related an experience with tracheal injection of adrenalin and internally calcium chloride, in pulmonary hemorrhage.

The essayist for the evening was Dr. H. scaison, presenting a paper entitled "*Triticum Repens*." The doctor spoke of his failure with the use of this drug and thought that the large quantity of water usually prescribed with this drug produced the diuresis. A most interesting discussion followed.

The following names were proposed for membership: Dr. J. Coleman, Dr. H. Tinken, Dr. Max Skou and Dr. S. Janowitz.



The chair was then extended to Dr. Sibley chairman of the Specific Medication Club, after which the meeting adjourned.

W. L. HEEVE, M. D.

Secretary.

### Kings County Eclectic Medical Society.

The October meeting of the Kings County Eclectic Medical Society was held at the office of Dr. O. Perine, 994 Halsey street, on Monday, October 19. Dr. Henry Stoesser presiding. Dr. Heeve read a very interesting paper on one of his cases—a labor case with threatening eclampsia. The doctor proved through his paper how necessary it is to examine urine frequently before delivery.

Dr. Pearlstein gave an outline of his way of administering chloroform, proving that the patient will inhale more air than by the use of an esmarch inhaler.

Dr. Birkenhauer reported a case of intermittent fever.

On motion this meeting was adjourned to meet at the office of Dr. A. E. Martin King, 229 Clifton Place, November 16, 1903.

J. A. NORDBROCK, M. D.,

Secretary.

## Query Department

Conducted by

PITTS EDWIN HOWES, M. D.

Boston, Mass.

All communications for this department should be addressed to PITTS EDWIN HOWES, M. D., 703 Washington Street, Dorchester District, Boston, Mass., and must be received by the 28th of the month in order to be answered in the next number of the REVIEW.

supports are defective. Hence the rubber ring should always be regarded as a temporary measure which may be used until, by right methods, the normal action of muscular tissue is brought into play or the uterus is relieved of its super abundant weight. The time which will be required for these objects will vary in different individuals, hence no set time can be mentioned as to the duration of the use of your pessary. Never forget that the uterine ring is simply a measure which is to be used for as short a time as possible, and that during its use frequent removals are necessary in order to insure perfect cleanliness. Instruct your patients that the real benefits are to be derived from other means and methods; secure their hearty co-operation in all your plans and directions for their improvement and you will be surprised to see what a comparatively short time is necessary for the use of your uterine rubber ring.

H. E. P.—I have read your answer in last month's "Query Department," concerning the use of *mangifera indica*, with much satisfaction. Will you please tell me what you use for the trouble which is commonly called "hives"?

I have treated quite a good many of these cases with the sp. tinct of juglands internally, and a topical application of solution of lobelia seed externally. In all these cases the results have been satisfactory. I add one to two drachms of the juglands to four ounces of water and direct that a teaspoonful of this mixture be taken every hour. For the topical solution add two drachms of sp. tinct lobelia seed to four ounces of water and direct that it be applied to the part three or four times a day by means of a small piece of absorbent cotton. Use your absorbent cotton as a sponge lightly wetting the skin.

S. S., M. D.—Kindly let me know, in the next number of the ECLECTIC REVIEW, how long you would leave a rubber uterine ring in its place. A rubber pessary is used mainly as a support. This is done on the ground that the natural

## Book Reviews

A Text Book of Operative Surgery. By Warren Stone Bickham, Phar. M., M. D. Octavo of 984 pages. Philadelphia; W. B. Saunders & Co. Cloth, \$6.00 net.

This is a volume of nearly one thousand pages, beautifully illustrated. There being over one-half the number of illustrations than there are pages in the book. In the arrangement of the book the subjects have been grouped under two heads. The operations of general surgery and the operations of special surgery. It is in the manner of sub-dividing these groups that special credit is due the author and special benefit derived by the reader.

In these sub-divisions attention is not only given to the operative technique, but a very complete anatomical description of the region or organ with land marks, etc.

This is, I believe, a great advantage to both student and practitioner. As an anatomical review of the part to be operated upon is always in order.

The general text is written in a good style and gives the latest advances on the subject.

Physicians Pocket Account Book. Arranged by J. J. Taylor, M. D., and published by the Medical Council, No. 4,105 Walnut street, Philadelphia, Pa.

This is a concise and handy account book. Can be carried easily in the coat pocket, and for the use of the busy physician in general practise is excellent. We can recommend it as a most convenient and reliable system. And as it requires but one book and can be begun at any time and closed at any time will answer for your practise whether it be large or small.

Edebohls calls attention to the frequent co-existence of movable right kidney and appendicitis.—*Clinic*.

## Items

Dr. Rebecca S. Gause Heffter, a graduate of the Eclectic Medical College of the City of New York, of the class of 1900, died at her residence, No. 28 West 120th street, October 18, after a short illness.

Dr. Moses W. Hall, died October 23 at Bridgeport, Conn. He was a graduate of the Eclectic Medical College of the City of New York, and had been practicing in Bridgeport for about twenty years.

Don't fail to read Dr. G. W. Johnson's address in the Texas proceedings. It has the ring of the true metal.

Rectal bleeding may be from proctitis, ulcer, neoplasm, foreign body, fistula, invagination or prolapse. Find the cause—*Clinic*.

Muriate of ammonia has a specific influence over trigeminal neuralgia. Some physicians give it in small doses in conjunction with belladonna.—*Summary*.

In suppression of the menses from cold, gelsemium combined with pulsatilla, is claimed to have no equal.—*Summary*.

## AFTER PAINS:

For the treatment of after-pains Hayden's Viburnum Compound is a safe and reliable anodyne and antispasmodic, and its administration renders all other remedies superfluous. Unlike the opiates, it does not produce constipation or gastric disturbances, but promotes perfect comfort without any deleterious action.

Dr. F. Hollander, who had located at Putnam, N. Y., and was enjoying a fine practice has returned to New York and can be seen at the back of the Central Park ambulance most any day.

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Dr. S. Janowitz, one of the "honorary men" of the class of 1903, has packed his grip and will locate in Savannah, Ga. He will make a valuable addition to any community.

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Dr. M. H. Skou, the valedictorian of the class of 1903, has opened offices in Middletown, N. Y. At last accounts he was keeping three horses busy.

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At the recent election Dr. M. A. Sturm was voted the most popular young doctor on Madison avenue.

---

Doctor Bailie-Brown, of No. 104 Hancock avenue, Jersey City, has just declined an urgent call to do medical missionary work in the United Presbyterian Hospital, at Asyut, Egypt.

The doctor is in charge of the dispensary of Hope Mission and is doing a great work among the poor at home.

---

In a recent letter from Dr. King, of Saratoga, he says: "Have just discharged today a patient who has had a very severe attack of appendicitis. I gave the family the chance of an operation and she has come out in fine shape. This is the fourth case which I have treated medicinally with complete recovery, and no recurrence in two and a half years for two cases. One year for one and this one remains to be observed."

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We expect that the work on the college will be completed before the first of December, and that the remaining work of the course will be carried on in our own building after that date.

We will be glad to have all friends interested in the school and in eclectic medicine pay us a visit and inspect the building.

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Make up for the delay in last year's subscription by sending in your dollar for 1904 now.

---

Dr. Antonia Heffter has just returned from an extended trip abroad and intends opening an office in New York city.

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Dr. Joseph Coleman is taking a post-graduate course in Baltimore. He is giving special attention to diseases of the eye, ear, nose and throat.

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#### Butter and Typhus.

The reputation of butter as an inoffensive article of diet is seriously assailed by Dr. Carl Bruck, (*Brit. & Colon. Drugg.*, XLIV, p. 28), who, by experimental proof, shows how easily typhus may be transmitted by butter. Simple rinsing of the vessels destined to hold the cream with water containing typhus bacilli was sufficient to introduce the latter into the butter in which they remained alive in the author's experiments 27 days—in fact, during the first few days they actually increased in numbers. Many hitherto unexplained cases of typhus may, in Dr. Bruck's opinion, have arisen in this manner.—*Merks.*

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Metritis is occasionally manifested by pain at the inner side of the knee.—*Summary.*



# THE ECLECTIC REVIEW

EDITOR: G. W. BOSKOWITZ, M. D.

VOL VI.

NEW YORK, DECEMBER 15, 1903.

NO. 12

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### College.

We had the pleasure of delivering the first lecture in the College building on December 9th, before a large and enthusiastic class. The building, although not entirely free from workmen (there being several little details yet to be attended to), was inspected by the class and every one expressed delight and satisfaction at its appearance. The public opening and inspection will be held early in January, and I hope to give a full report of the exercises and description of the building in that number.

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### Lessened Birth-Rate.

It seems that some of the prominent men of France have finally had their minds jarred out of their usual complacent condition by some one who has called their attention to the fact that the native population of France is decreasing. They are not yet willing to admit, however, that immoral and criminal proceedings are largely the cause of this depopulation. It takes men of their class a long time to get down to rock-bound facts, and especially so when the facts are of rather an unpleasant nature. They will, however, have to acknowledge and act upon the facts in the case before any material change can be brought about. In the meantime these gentlemen content themselves with discussing certain reforms and proposed laws which will probably have about as much effect as did the "bull" which a certain Pope once issued against the comet. They propose to increase the native population by lessening the burdens of parents of large families, by so improving conditions that infant mortality will be reduced, by diminishing the portion of inheritance left to an only child and by preventing the plain country people from flocking to the cities. They also hope to increase the

number of their citizens by requiring foreigners to become naturalized within a limited time.

These suggested changes may have been well considered, but they fail to include and strike at the true cause of the decrease in the native population of our sister republic. The lowered birth-rate in France is the result of the same causes as are already making themselves manifest in the United States. The old families of France are gradually—if not rapidly—becoming extinct, and in America the birth-rate among the descendants of the noble men and women whose heroic efforts made individual liberty a possibility is becoming less and less. This is a most undesirable condition, and, if possible, should be changed. Remedial measures cannot be intelligently sought, however, until after the true cause of the wrong has been plainly brought to the attention of all decent men and women. Modesty must be put aside and extensive publicity given to the fact that the principal causes of the low birth-rate referred to consist of the various forms and means of preventing conception, bringing about miscarriages and producing foeticides. When this has been accomplished it may be possible to secure the passage of laws which may prevent some women from recklessly placing upon their souls the black stains of foeticides—of murders in which the innocent victims are given no means of protest or defense. This terrible poison is in individual hearts, and even religion is powerless against it, for many of these criminals—yes, very many—are to be found within the folds of the church.

If Congress could be induced to pass a law—with proper provisions for its rigid enforcement—which would cause to be sent to prison for life every abortionist (of the profession or of the laity) and every woman who solicits the vile crea-

ture's aid in destroying the result of conception, the birth-rate would undoubtedly increase with sufficient rapidity to satisfy the most ardent advocate of native expansion.

J. W. F.

## Original Articles

### Bacteria, Their Pathogenesis.

BY W. J. KRAUSI, M. D.

Read at the November meeting of the Electric Medical Society, City and County of New York.

In our present state of knowledge concerning bacteria and their pathogenesis, if we discard all theory and, in our investigations, use but absolute and demonstratable facts we find, that there is but little known of the life of bacteria, in fact really nothing is known other than the toxic effect, of themselves or their product, as manifested upon the animal organism.

Whenever we are able to recognize the nature of the pathogenic action of bacteria, it will be observed, I think without exception, that they are found to act by means of the chemical substances which they form in the animal body, or substances which are formed by their own decomposition or metamorphosis.

Our knowledge, at present, comprehends only the action of those bacteria which produce toxic substances in cultures, by means of which we can reproduce the characteristic symptomatology in a more or less accurate manner.

In this category are included particularly bacillus tetani, bacillus diphtheria, streptococcus pyogenes, micrococcus pyogenes, vibrio cholera, etc., etc.

In the endeavor to form a correct estimate of the pathogenesis of bacteria on the animal organism it is well to keep in mind the formations of the *toxalbumins*. These basic metabolic products of bacteria are more or less poisonous.

Toxalbumins are best divided into two (2) forms.

First, Bacteria *proteins*, certain albuminoid substances which produce *fever* (pyogenic) and inflammation (phlogogenic). These proteins are largely the constituents of all "*antiserums*" or "*antisubstances*."

Second. Toxalbumins, substances causing violent action in the animal economy. They are amorphous poisons, and, somewhat analogous to the toxic albuminoid bodies found in many plants; are also regarded as analogous to snake poisons and theenzymes. The virulence of these poisons are almost inconceivable. A man weighing about 150 pounds would be killed by a  $\frac{1}{2}$  grain of the purest Tetanus virus.

Still, there are bacteria who do not *appear* to generate the basic toxalbumins, in fact some of the most important infectious diseases, such as anthrax, rabbit septicemia, hog erysipelas, etc., etc., no toxalbumins, other than protein action (fever), are demonstratable. Death, in these diseases, is presumed, to be caused by the absorption of a poisonous form of hydrogen gases.

In looking over recent literature on bacteriology, one is appalled by the many theories and "explanations" advanced of the modus operandi of toxic death. While many of the theories are very interesting they are not demonstratable.

But there is one important fact, which concerns us as medical men, that apart from the toxic formation above mentioned, there are other specific processes in the blood and tissues of the infected animal, a development of a specific protective substance against bacterial poisoning, the production of *anti-bodies*. A "mechanically" made chemical immunity. There is also what might be called a *natural* immunity on the part of some animals, as man against rinderpest, the cow against glanders and, practically, all animals against syphilis, malaria and gonorrhoea.



There are two assumptions as to the "generation" or "production" of "antisubstances." First, it is a question if in their invasion the pathogenic germs are destroyed, or their poisonous effect mitigated by substances produced from leucocytes, or other tissues (alexins) under the influence of bacteria; or, if, the germs or bacteria are destroyed by being absorbed by the leucocytes, ingested and digested alive, so to speak, or second, according to the widely entertained opinion, that the immunity caused by the "antisubstances" are the product of the blood and tissues of an immunized animal infected with bacteria cultures. (?) How the "antisubstances" act is still a very muted question.

The notion advanced several years ago by Behring and Kitasato, that the toxin and antitoxin neutralize one another chemically, like an acid and its base, has been discarded of late.

There is one noteworthy peculiarity about 'antisubstances,' while they in some way destroy the poisonous effect of bacteria upon the animal organism, when injected, they do not appear to have an injurious effect upon cultures of the same bacteria.

This is nicely illustrated by the action of antitoxin upon fresh cultures of diphtheria bacilli. It must be remembered that all "antisubstances" do not act alike. In Cholera, the "antisubstances" are bactericidal against their kind—the vibrio cholera.

Though we may, almost, lay down as an absolute fact that every pathogenic organism furnishes, in the body of an entirely immunized animal, "antisubstances" which exert a bactericidal action, at times pronounced, only against the organism producing such "antisubstances," but not against the closest allied species.

Leucocytosis, as described by Metchikoff, begins by a chemotactic attraction of leucocytes toward bacteria, the *englobement* of the germ and their *digestion* in stages.

This may be followed by observing the changes in form of the bacteria and also in the staining qualities. The power of leucocytes to digest bacteria is indicated by morphological and chemical changes, the breaking up of the bacillus into granules and its disappearance.

A *digestive ferment* has also been demonstrated in leucocytes (Rossbach, Leber), also a highly bactericidal property of a leucocytic (pus) exudate (Buchner). It is this inherent ferment and bactericidal property of leucocytes which (coming in contact with bacteria)? produces immunization in animals.

Brooklyn, N. Y.

### TRITICUM REPENS.

BY H. SCAISON, M. D.

Read at the October meeting of the Specific Medication Club.

*Triticum repens*.—*Agropyrum repens*.

*Synonym*.—Couch grass.

*Family*.—Grain nacea.

A perennial plant with underground rhizome; appears in commerce cut into pieces 1-5 inch in length, width same as straw and has a straw yellow color.

*Constituents*.—Triticin, silica, glucose mucilage and starch.

*Preparation*.—Specific tinctures, fluid extract..

Without having the least effect upon the general system it is said to act as a mild diuretic and diluent to the blood.

In this capacity it increases the quantity of urine without giving either the heart or the kidneys any extra work, and what is more, in this diluted state the urine will dissolve and carry off all insoluble matter and deposits which in its travel to the orifice it encounters.

It also neutralizes the acrid state of the urine rendering it mild and unirritating. Hence its therapeutic value in irritable bladder cystitis pyelitis.

In renal difficulties due to the deposit of crystalline matter in the tubules, the highly liquid state of the urine will dissolve the crystals and relieve the condition. It will, according to Ellingwood, act equally as well by the deposits phosphates, urates, chlorides or calcium salts.

Due to the blandness of the urine after its administration, it will greatly relieve the painful micturition in the acute stage of gonorrhoea.

The quantity being there, the strain to void the urine will be lessened and in this way will benefit acute as well as chronic prostatitis with enlargement.

It will also relieve stranguria and haematuria.

Acting, the way it does, on the blood, it is also recommended in rheumatism and jaundice.

Further, as an eliminant, it is effective in keeping up free secretions from the kidneys thereby reducing fevers.

Being one of the least stimulating remedies it may be employed freely.

In Europe it is used as a slightly nutritious drink and given hot or cold will quiet thirst.

It is administered as an infusion or decoction, the dose being *ad libitum*. Dose of tincture spec. Mj — — —; of the fluid ext. 1 dr. in 6 oz. of water every 3 to 5 hours.

New York City.

### Success in Medicine.

BY J. H. ROBINSON, M. D.

The question as to what constitutes success in medicine would probably be answered differently by different individuals accordingly as the various ends attainable in this field are more in accordance with their ruling desires. Thus, to one person it may mean many patients, who are able and willing to pay large fees, or in other words, the rapid acquirement of fortune.

To another it may mean higher social standing and influence in their community;

while to a third it may mean a more intimate knowledge of the nature, causes and symptoms of disease and of the most certain means of controlling it.

Assuming the latter to be the best answer, we purpose to consider, briefly, some of the means and conditions that we deem most essential for the attainment of this kind of success.

The human body being the most highly organized, and complicated of all known structures, and exposed to such different and constantly varying conditions, is, of all structures, the most liable to be disturbed in its functions, or in other words to be thrown into diseased conditions; and it is the knowledge of the relation between the normal and the abnormal functions of the body that constitutes the science of medicine.

The numerous functions of the body being so closely related and interdependent a disturbance of one must to some extent affect all the others—the same cause acting under different conditions being competent to produce quite different results, and the variety and obscurity of the manifestations of these effects, together with the little known but important influence of mental conditions, make medicine the most difficult and uncertain of all the sciences. And while we believe that medicine may yet be brought to rank with the exact sciences, we believe this end will only be attained through generations of patient and well directed toil.

It being the object of this paper to consider some of the methods by which this end may be attained we will enumerate first.

#### THE UNBIASED MIND.

We believe this to be the first condition of all profitable investigation. Any strong prepossession either in favor of or against any particular doctrine must necessarily disqualify the mind, to some extent for giving due weight to a fact or argument, or for assigning it to its true place in a chain of reasoning. We believe the whole history

of medicine illustrates the importance of this principle, and we particularly urge it upon the attention of the young practitioner, not only that it may contribute to his personal success but that he may also add something to the general fund of medical knowledge. We enumerate next.

#### THE HABIT OF CLOSE OBSERVATION AND DISCRIMINATION.

The importance of this can hardly be overestimated, as it is the key to all discovery, in medicine and all other sciences; and no physician can ever improve in his profession without the assiduous cultivation of this habit. He should not only learn how to observe, but what to observe, and also to discriminate carefully between such appearances as are accidental, and such as belong properly to the morbid condition. In studying particular diseases he should note carefully all those periodical changes which occur in the progress of the malady—their sequences and their duration and how far they are dependant on accidental causes. He should observe in this connection also, the influence of varying atmospheric and climatic changes. He should note carefully too, the variation of diseases in different outbreaks and endeavor to trace the causes of these variations. The previous history of his patient, his age, and the season of the year should also claim his particular attention. He should also observe the temperament of his patient and note carefully its influence on the character and progress of the disease, and in this direction, we believe, lie great discoveries. He should be careful not to overlook the effect of mental and emotional influences, and in the case of some very sensitive patients, the personal influence of certain of the attendants or visitors. In the history of every case, too, there seem to be certain primary symptoms which characterize it, and others which seem to depend upon these and on the careful

discrimination of these may depend the safety of the patient. We may enumerate next.

#### THE STUDY OF MEDICINES.

In this direction lies an immense and attractive field which, with all the labor that has been expended upon it, has hardly been touched, and which is full of promise for the future. This field should invite the persevering labor of every physician. It is a field in which all may work, and in which the best success can only be attained through the concurrent and well directed labors of many. For instance, if a large number of physicians should agree to study some particular drug for a term of years and regularly communicate their results to each other, what results might be attained even by a few individuals.

Closely allied to this is the science of chemistry, considered not only in its relations to the *materia medica*, but to physiology and pathology; and for those who have a taste for this kind of investigation we believe great results are attainable.

We do not mean by this that every physician should devote himself wholly to chemical researches, but that he should thoroughly understand the principles of chemistry and have them constantly before his mind while studying his cases, and he will gain ideas which he had never before conceived, and which will reveal a new science of medicine to him.

We may enumerate lastly, among the more important conditions of success.

#### HIGH MORAL CHARACTER.

We earnestly believe the character and habits of a physician are an important element in his success; and that without an unselfish love of relieving human suffering and elevating mankind, he cannot expect the highest success. In the golden future when physicians go out thus prepared we believe that a new era will have dawned upon the science of medicine.

Homer, N. Y.



## LETTERS TO THE EDITOR.

Editor ECLECTIC REVIEW:

In the November issue of your magazine I read with interest an article from the "Case Book" of Dr. W. L. Heeve.

The case I refer to was that of "Wm. B—, hypertrophy of the left tonsil, etc."

Now, while I compliment the doctor on bringing his patient through the severe ordeal which he describes, I would like to call his attention to a treatment which, in my opinion, would have been much more humane, and more in accordance with the principles of Eclecticism instead of savoring so strongly of the "Old School" practice.

Picking an apple from a tree does not prevent the tree from producing more apples, neither does removing an enlarged tonsil remove the cause, or the condition of the system which produced the same.

The tonsils were placed in the throat for a physiological purpose and their ruthless removal, in many cases, is most reprehensible vandalism, leaving the patient prone to phthisis, if indeed, he does not lose his life from the hemorrhage which is likely to follow the operation.

I have in mind a case of a young lady whom I was called to treat, about a year ago, for one of the worst cases of quinsy I had ever encountered in my practice.

She had had her tonsils removed the previous year and was assured that her annual attack of quinsy would never return.

After her recovery from the quinsy I asked her if she still believed that "cutting" removed the cause.

She emphatically replied that she did not, and had she known at the time of the operation what she now knew it would never have been performed.

Now I would like to respectfully submit my treatment for enlarged tonsils and suggest to Dr. Heeve that before resorting to the heroic measures which he reported in the above case, he try this simple remedy.

Baryta car. 3x, 5 grs. three times per day, and having proved all things hold fast that which is good.

It may take from six months to a year to effect a cure but the doctor will have the satisfaction of seeing his patient improve in general health in the meantime, and in the end I am sure he will be gratified by the result.

I have also found this remedy efficacious in other throat troubles if properly used.

The great multiplication of microbes and the glitter of the surgeons knife have so obscured the sight of many of our profession of to-day that they seem to forget the fact that we have a materia medica. Not but that the little microbes are good guideboards, and the surgeons knife is at times of wonderful assistance, but they should be used as assistants only.

The early Electric fathers made rapid progress and wonderful cures (perhaps more than we are making to-day) and why? Because they gave more time to the study of the action of drugs in the curing of diseases.

In our school we have a wonderful materia medica which, if we would bend all our energies to the study and understanding of, we would find that many of the diseases now considered incurable would yield to treatment.

We have surgeons and specialists galore, but of good general practitioners we have not enough. If we had, some of the surgeons and specialists would have to retire for want of business.

Every physician can be his own specialist, in the great majority of cases if he will only learn the specific indications of his remedies.

If we are to maintain our separate existence as an independent school of medicine we must do it along these lines or there is no excuse for our existence.

So wonderful and numerous are the specific indications for remedies that we may spend our whole life in their study and not begin to fathom the results.

From a moral standpoint alone I believe we should try to save our patients from "operations," when possible and by so doing we shall receive not only their gratitude but have the consciousness of having done our duty to them, to the school we represent, and to ourselves, and the financial reward will be added.

Respectfully,

D. N. BULSON, M. D.

Rockville Center, L. I.

December 7, 1903.

## • Therapeutics

Edited by

JOHN WILLIAM FYFE, M. D.

All articles for this department should be sent to Dr. J. W. FYFE, Saugatuck, Ct.

### Asclepias Tuberosa.

This favorite of the early Eclectics has well stood the test of many years, and is to-day still classed among our most useful remedial agents.

Asclepias is peculiarly adapted to the treatment of a wide range of abnormal conditions. In pleurisy, pneumonia, bronchitis and peritonitis it occupies a place which cannot be well filled by any other remedy. Its wonderful control over pleurisy has caused it to be familiarly known as pleurisy root. In chronic pleurisy it is especially valuable, and in pleuritic pains its relieving power is promptly manifested. In sharp and cutting pains in the chest, it is also efficient, and in tight and painful coughs, when given in doses of ten to fifteen drops of the specific medicine every half hour to every two hours, it has few equals. It is more speedily curative when given in hot sweetened water. Flatulent colic is quickly relieved by administering the same dose every half hour until the spasm is relaxed,

and cramp in the stomach will usually yield to the same prescription. In the eruptive fevers asclepias is a useful remedy, and may be employed at all stages of the complaints, especially when the eruptions show tardy development. In all diseases presenting a dry skin, unequal circulation, feeble respiration, deficient action of the kidneys or flatulence, this medicament may be employed with the utmost confidence that it will do much in a curative direction, as it meets many frequently seen indications. In the advanced stages of phthisis it is many times a needed medicine. It lessens the sticky condition of the secretions, and markedly modifies the difficulty of expectoration. It also reduces the feverish excitement and lessens the severity of the victim's cough. In the treatment of diseases peculiar to women indications for asclepias are often met with, and it is of especial value when such wrongs are spasmodic in character. In dysentery, diarrhoea and cholera infantum its soothing influence over the intestinal tract has caused it to be highly esteemed, and in acute rheumatism it frequently constitutes an essential part of the treatment.

Asclepias tuberosa is tonic, diuretic, diaphoretic, expectorant, antispasmodic, alterative, carminative and laxative.

Among the specific indications most frequently presented for asclepias are the following: Sharp cutting or darting pain, increased by deep breathing; pain acute, and seemingly dependent on motion; lack of secretion from the skin; snuffles, or acute nasal catarrh of infants; flatulent colic in young children.

The dose of specific asclepias (or a good fluid extract) is from 1 to 60 drops, but when a forcible and prompt effect of the drug is not needed its best results may be obtained by adding from ten drops to two drachms of the specific medicine to four ounces of water, and administering one teaspoonful of the dilution every hour.

## Which Did It?

A contributor to a medical journal of recent date gives his formula for the use of salicylic acid externally as follows:

- R Salicylic acid, 5j.  
 Oil wintergreen, 5j.  
 Witch hazel, 5j.  
 Oil mustard, gttv.  
 Alcohol, 5iv.

M. Sig.—For external use only. Apply at night, and in the morning if necessary.

The formula makes a clear solution. The wintergreen gives a pleasant odor, so that the most fastidious patients find no objection to its use. It does not stain the skin nor clothing, and is clean to use.

In recommending the above liniment the doctor says:

"This, used once daily for three weeks, relieved a woman fifty-five years old of rheumatism of the feet and ankles, with ankles swollen every night and feet so swollen that walking was very painful and only old shoes could be worn. Now the ankles swell but slightly, the feet are smaller and not painful, and walking is a pleasure."

There can be no doubt that the foregoing formula constitutes a most efficient external treatment in rheumatism, but how can it be possible for the writer, or any other physician, to *know* that the entire relief secured was derived from salicylic acid, or, in fact, that any part of the success obtained was due to the influence of that drug. True, salicylic acid is a good anti-rheumatic—so is witch hazel, and as for that matter, the oil of mustard is one of the best external remedies for rheumatism that I have ever used. It has many times within a few days given wonderful relief after numerous other approved remedies had failed to make the least impression upon the disease. The oil of wintergreen has also frequently lightened the sufferings of victims of rheumatism. While writing these facts I am reminded of an article

which recently appeared in a medical journal in which the author claimed that glonoin is a specific for pneumonia. In giving his complete treatment in pneumonia, however, he mentioned more than a dozen other remedies which he employed in combination and alteration with glonoin. Rather an unusual conception of the meaning of specific, truly. Still another article of similar character comes to mind. In this latter article the writer says that he has obtained most wonderful curative results from crataegus in cases in which the action of the heart was very feeble and irregular. In reporting his treatment in these cases he says: "I prescribed crataegus, aconite, bryonia and veratrum." No doubt the doctor's treatment was a good one, but how could it be possible for him to *know* which of the remedies contained in his prescription gave him the results he so unqualifiedly credits to crataegus. In many cases aconite is a good heart remedy, and the same may be said of bryonia, while in some abnormal conditions of the heart veratrum has no superior. Of course there are many occasions when several remedies are needed in order to overcome several abnormal conditions at the same time. As, for instance, in pneumonia we may have a small and frequent pulse with a temperature so high that it endangers the patient's life, and, therefore, demands the reducing influence of small doses of aconite. At the same time bryonia, ipecac, cactus, tartar emetic, kali muriate, or other remedies, may also be needed. This is easily understood, but when a writer attempts to tell his readers of the great usefulness of a certain drug and illustrates his statement by quoting from cases in practice in which he employed the remedy in combination with several other drugs having to a certain extent similar action, it would seem that one might be justified in regarding the recommendation as of doubtful value. The employment of a drug under circumstances entirely free



from other influences is the only means by which one can actually *know* the effects of the remedy being studied.

### Should Fever Be Treated?

In commenting in the *Eclectic Medical Journal* upon an editorial which recently appeared in *Merck's Archives*, and which approvingly quoted from Dr. Beverly Robinson's interesting address on the indiscriminate use of antipyretics, Dr. W. E. Bloyer in part says:

"The treatment of fevers by those famous and favored antipyretics—the coal-tar products—has necessitated territorial additions to the cemeteries and graveyards throughout the land, and this fact has certainly come to the medical profession. In fact no one knows so well as the doctor, who has thought this matter over, how many deaths have been due directly and indirectly to antipyretics. And when their banefulness is fully realized the tendency is to the other extreme, and give nothing other than the deceiving and deceitful placebo. The placebo deceives the patient, is deceitful to the prescriber, creates non-faith in both, and damns medicine and the profession. \* \* \*

"We differ from the editorial in this way: Treat every case of fever mild or grave, but not necessarily by so-called antipyretics. A mild fever shows a wrong, but the fever is not necessarily *the* wrong, and may be of a degree the least harmful symptom shown by the patient. A mild fever may become grave, if neglected or placeboed. *Give the indicated remedy.* It may not be classed as a sedative—in fact it may be a stimulant. We are positive, and have proven it a thousand times, that we can reduce temperature by the administration of nuxvomica, when it is the indicated remedy. The *indicated* remedy will prove the best antipyretic, the safe antipyretic, the certain antipyretic.

"We do not want any reader to infer that there are no veratrum or aconite cases. We

are just as positive that these remedies have their indications, and when given in proper doses they will prove valiant for good. But when given without thought or indication they do harm. It will be only a short time until the influences stated as above through *Merck's* and Dr. Robinson will leaven the lump, and they must come to specific indications; they must abandon coal tar and depressing antipyretics.

"A very high fever is dangerous. With this all will agree. But, like a team of runaway horses, it should be kept 'in the middle of the road' and steered to the end of the course, or to the end of endurance. To jump from the rig (to give placebo) is suicidal, and to knock the horses down means very great risk. Hold the lines, guide them. In certain cases, when very threatening, a positive, knock-down antipyretic may be demanded. Give it, but don't run the great risk of its continuance."

There is a "whole lot" of sound sense in the above remarks, and a strict observance of the advice therein given would materially lessen the present death-rate in pneumonia, typhoid fever and many other diseases.

### *Ferula Asafoetida.*

*Common name.*—Asafetida.

*Natural order.*—Apiaceae.

*Part used.*—Gummy resinous exudation.

*Description.*—This plant has an herbaceous smooth stem from eight to ten feet in height and about six inches in circumference. Its perennial root is several inches in diameter, has a coarse hairy summit, may be simple or have one or more forks, and contains a large amount of thick fetid juice. The leaves are shining, pinnated, channeled only at the base, and about one foot and a half long. They grow vigorously during winter and wither at the end of spring. The flowers are pale yellow, and its fruit is flat, thin, reddish-brown, and in appearance much like that of the parsnip.

*Dose.*—Fluid extract, 3 to 30 drops; pill, 3 to 20 grains.

*Usual dose.*—3 to 15 grains in pill.

*Indications.*—Flatulent colic; flatulence of hysteria; hysterical convulsions and spasm in childhood from reflex irritation; bronchial catarrh of the aged and infants; epidemic influenza; sympathetic coughs of reflex origin; spasmodic nervous diseases of females; sick or nervous headache; amenorrhoea and dysmenorrhoea; spasmodic bronchial affections; whooping cough; hysteria; chronic catarrh; spasmodic conditions of the bowels with tympanites.

This remedy should not be employed when there is active inflammation. Although it constitutes a medicament of decided merit, its very unpleasant odor, and the long continued offensive eructations after taking it, have caused it to become unpopular with many physicians. Fortunately we have pleasant drugs which fully meet the indications given for asafetida.

*Ferula asafoetida* is tonic, stimulant, antispasmodic, expectorant, emmenagogue, vermifuge and carminative.

### Echinacea in Smallpox.

In reporting his treatment of a case of smallpox in the *Medical Visitor*, Dr. G. F. Tyson in substance says:

"The patient, a boy two years of age was well covered with pustules. There was not a place on his face that could be covered by a silver quarter so that it could not touch a pustule. He had had all the premonitory symptoms of smallpox, and had a history of having never been vaccinated. I gave the boy four drops of specific echinacea, to be repeated four times a day, and made a solution of R. Spec. echinacea, alcohol, aqua dist., glycerine. M. Sig. Apply externally four or five times a day. On making my next visit, three days later, I found *every pustule dried up*, and the scabs nearly ready to fall off.

"The mother informed me the boy had not offered to scratch since she had made the first application of 'that wonderful external remedy,' as she called it. I continued the remedy, and permitted the boy to sit up. At my fourth visit the scabs had dropped off. The patient made an uneventful recovery, and is to-day free from scars."

### Hypericum Perforatum.

*Common name.*—St. John's Wort.

*Natural order.*—Hypericaceae.

*Part used.*—Tops and leaves.

*Description.*—This perennial plant has a tortuous and somewhat creeping root. Its stem is erect above, curved below, branched, and from one to two feet in height. The leaves are numerous, opposite, entire, and of a pale color. Its flowers are in forked terminal panicles, and of a bright yellow color.

*Dose.*—Fluid extract, 1 to 60 drops.

*Usual Dose.*—5 to 10 drops.

*Indications.*—Catarrhal conditions of the urinary passages; suppression of urine; chronic urinary affections; nervous affections with oppression; passive hemorrhages; contusions and lacerations of the tissues; diarrhoea and dysentery. Locally, in forms of ointments, liniments and diluted tincture: tumors; caked breasts; bruises and swellings; ulcers.

Hypericum is a useful remedy when there is intense hyperaesthesia in wounds, and in all lacerations, when severe pain shows that the nerves are greatly involved, it is of value. It is also deemed a remedy of merit in the nervous depression accompanying painful wounds and in the nervous excitement following operations.

Hypericum perforatum is astringent sedative and diuretic.

### Treatment for Felon.

Dr. Whitman, in the *Medical Visitor*, says that for the last fifteen years he has

used the whole egg and has yet to see a case it will not cure, if it is a real bone felon. He uses it thus: Take a fresh egg and crack the shell at the large end, making a hole just large enough to admit the thumb or finger, whichever it may be, and forcing it into the egg as far as you can without further rupturing the shell. Wipe off the egg which runs out, and bind around the whole a handkerchief or soft cloth; let it remain on over night, and generally the felon is cured; if not, make another application. Dr. W. has yet to see the case where it has failed, and would be pleased to hear from anyone trying this where it has not cured.—*Chicago Medical Times*.

The above is a very old remedy for felon, and, though crude, a most efficient one. It has long been successfully employed in domestic practice, and more than fifty years ago my grandmother was wont to say that she had never seen a felon that it would not quickly cure.

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### **Caryophyllus Aromaticus.**

*Common name*.—Cloves.

*Natural order*.—Myrtaceae.

*Part used*.—Undeveloped flowers.

*Description*.—This evergreen glabrous tree rises to the height of fifteen to twenty feet. Its branches are numerous, slender and opposite. The leaves are opposite, about four inches long and taper at the base into a slender foot stalk, which is nearly two inches in length. Its flowers are odoriferous, and in short terminal, many-flowered panicles. The berry is purplish, and has two seeds covered with a thin integument. This beautiful tree is also known as *Eugenia Aromatica*.

*Dose*.—Fluid extract, 5 to 20 drops; tincture, 20 to 60 drops.

*Usual dose*.—Fluid extract, 10 to 15 drops.

*Indications*.—Nausea and vomiting; atonic conditions of the digestive organs.

This agent is quite extensively used to improve the flavor or operation of other drugs, and prevent their producing nausea or griping.

*Caryophyllus aromaticus* is aromatic, stimulant and carminative.

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### **The Dangers of Heroin.**

Among recent synthetic products none is more widely used than heroin—an artificial, or rather synthetic, morphin salt, which many physicians employ with the idea that it is a harmless succedaneum for morphin. On the contrary, it has all the dangers of morphin salts in general, and additional dangers of its own. The writer of this paragraph has seen suppression of urine and threatening coma from small doses of heroin (1-12 gr.) prescribed to check cough or relieve pain. Especially dangerous are the trade preparations containing heroin—the composition being sometimes expressed in their proprietary titles, and sometimes not. These combinations are widely advertised as cough syrups, asthma cures, etc. Preparations of this character should never be used by physicians, who should be able to make their own combinations with or without morphin, and adapted to the needs of the individual case before them. Heroin is one of the most toxic agents of the morphin group. It has its legitimate uses, uncombined, in small, carefully-watched infrequent doses; but not with the idea that it is anything else than a morphin salt.—*American Medicine*.

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The Massachusetts Pharmaceutical Association decidedly objects to inspections by the State Board of Health of the stocks of retail druggists, and at a recent meeting passed resolutions to that effect. But, then, this action is not to be wondered at since some of the State Board inspections have clearly shown that the crime of adulteration and substitution is far from uncommon.



## Society Meetings

### Society Calendar.

National Eclectic Medical Association. Meets at St. Louis, in June 1904. R. L. Thomas, M. D., president; Finley Ellingwood, M. D., secretary.

Eclectic Medical Society of the State of New York. Meets at Albany, April 7th and 8th, 1904. E. H. King, M. D., president; S. A. Hardy, M. D., secretary.

Massachusetts Eclectic Medical Society. Meets first Thursday and Friday of June, in Boston. Wm. H. Russell, M. D., president; Pitts Edwin Howes, M. D., secretary.

Eclectic Medical Society of the City and County of New York. Meets third Thursday in each month at 239 East 14th street. A. W. Herzog, M. D., president; W. L. Heeve, M. D., secretary.

Kings County Eclectic Medical Society. Meets third Monday in each month; Dec. meeting at the office of Dr. Martin King, Brooklyn. H. Stoesser, M. D., president; J. A. Nordbrock, M. D., secretary.

New York Specific Medication Club. Meets second Thursday in each month at 239 East 14th street. V. Sillo, M. D., secretary.

Boston District Eclectic Medical Society. Meets the fourth Monday of each month, excepting July and August, at "The Thordike," Boylston street. Lydia Ross, M. D., president; Pitts Edwin Howes, M. D., secretary.

### Boston District Eclectic Medical Society.

Boston, Nov. 23, 1903.

The regular meeting of the Boston District Eclectic Medical Society was held this evening at "The Thorndike." After the transaction of the usual routine business Dr. Elbern T. Bowers was called upon for his essay.

He prefaced his remarks by stating, that the article was not as complete as he had expected, owing to the failure in receiving some data for which he had written. With this explanation he spoke as follows upon this subject:

#### NOTES ON THE ASSAYING OF DRUGS AND GALENICAL PREPARATIONS.

In picking out these few notes, I have endeavored to give a general idea of the methods of determining the alkaloid values of drugs, by giving a few processes in detail.

I have been asked at various times, by practicing physicians, for a short process for assaying of preparations.

Dr. X has become particularly interested in one or more special drugs, or preparations, and wants some process, whereby, he may test them in his office. Unless he has had special training in such technique, will he be able to determine the per cent. of alkaloid in that particular drug, with any degree of accuracy? I will leave you to draw your own conclusion from these hastily collected notes.

#### SELECTION AND PREPARATION OF THE SAMPLE OF CRUDE.

*Drug* to be assayed is the first step. Representative portions should be taken from various parts of the bale, if it be a bale, mixed and ground to a powder, not coarser than No. 30, and it better be a No. 60 or even a No. 80. Sufficient quantity of this powder is taken, and if very moist, is dried. The loss of weight, which represents water, is noted, as the alkaloidal value of a drug is calculated from the condition in which the drug is found.

#### METHOD OF EXHAUSTING THE DRUG.

The choice will be between four processes, each of which may have—in a particular instance—its advantages.

These processes are *maceration*, *percolation*, boiling, with several successive portions of the chosen solvent, and *hot percolation*. This latter is altogether the neatest and most effectual mode of applying solvents. It requires a special apparatus but is economical as regards time and solvent, for when once started, it is automatic in action.

*Choice of solvent* will depend of course, upon the nature of the drug. Water or alcohol, or a mixture of both, may be employed. Water extracts much inert gummy matter and alcohol much resinous material, which may become troublesome in further operations. A mixture of alcohol and chloroform generally extracts alkaloids well, but, here again, much inert matter is taken out. Another plan is to

treat the drug first with an alkali—milk of magnesia or sodium carbonate—dry, and exhaust with alcohol. This succeeds well in some instances but it has its objections, for it may decompose sensitive alkaloids and again it is a long and tedious process.

At present the solvent used for the exhaustion of alkaloidal drugs is almost always some modification of the mixture recommended some years ago by Prollius for the assay of cinchona bark. The original Prollius' mixture consisted of ether, alcohol, and solution of ammonia. The ammonia sets free the alkaloids which are immediately taken into solution by the ether. In case the alkaloid is one not readily soluble in ether, some more appropriate solvent may be substituted, that which has proved most efficient being a mixture of chloroform one volume, with ether three to six volumes. A mixture of chloroform and petroleum ether has been recommended, and is a good general solvent for alkaloids.

There are two classes of alkaloidal estimation, viz: by alkalimetry and by gravimetric processes. The first, alkalimetry, is based upon the fact that by adding an acid to an alkaloid a certain amount of the acid combines with it, forming a salt, thereby neutralizing, so to speak, a definite amount of acid. This is accomplished by titrating a given amount of solution containing the alkaloid with an acid of known strength; or adding a definite amount of this standard acid in excess and titrating back, as we say, with a standard alkali. In the second, or gravimetric process, the alkaloid is isolated as such, or as one of its salts, dried and weighed.

#### GENERAL METHODS OF DETERMINATION OF ALKALOIDS IN CRUDE.

*Drugs.*—An almost endless number of methods have been advanced by chemists each claiming some particular advantage. Among these we mention the names of

Dragendorff, H. Hager, C. C. Keller, Lyman, F. Kebler, J. U. Lloyd and A. B. Lyons. For general purposes I have found that of Lyons, known as his "Short Process No. 1," very satisfactory. Its advantages are: First. The result is reached speedily and with very little labor. Second. The alkaloid is extracted with comparatively little inert matter accompanying it, and the purities are easily eliminated owing to their insolubility in acid water. Third. Very little heat is applied in any part of the process, and there is practically no risk of decomposition of the alkaloid under the influence of the reagents employed. Fourth. In practice the results compare favorably with those obtained by more lengthy and laborious processes. The process answers equally well for assays of different parts of the plant, and may be applied to many drugs with only minor modification of detail.

I will here insert this process in detail.

No. 1. Put into a 4oz. prescription vial, 10 grams of the drug in moderately fine powder. Pour in carefully exactly 100 cc. of Prollius fluid, generally the "weaker," cork securely and shake vigorously several times at intervals of a minute or two. Place in the mechanical shaker four hours, or else shake at frequent intervals during that time. At the end of four hours, decant into a measuring flask exactly 50 cc. of the clear fluid, transfer to a shallow capsule and set in a warm place (or expose to a current of air) until the ether has nearly all evaporated. Then add 5 cc. of highly diluted sulphuric acid (1%) and 10 cc. of fresh ether. Stir to redissolve in the ether all the oily and waxy matter that may have separated, and to insure combination of all alkaloid with acid, evaporate the ether completely together with any alcohol that may remain.

Filter the aqueous fluid through a very small filter into a one ounce prescription vial, which should have a square shoulder and a good lip, or else filter directly into a



perforator, completing the analysis as in the method of Schwickerath. Treat the residue in the capsule with 3 cc. of water slightly acidulated and 5 to 10 cc. of ether. Stir well together, evaporate off the ether and pass the aqueous liquid through the same filter into the vial, or perforator. Test a small drop of this fluid with Mayer's reagent on a mirror. If it contains more than a trace of alkaloid, repeat the washing of the residue once more with 2 cc. of water and 5 cc. ether. This should not often be necessary, but the filter may be washed finally with a few drops of water.

We have now an aqueous solution containing all the alkaloid from five grams of the drug. In this for rough approximate work we may estimate the alkaloid by titration with Mayer's reagent, when this is applicable, or by other volumetric processes, as by Wagner's reagent, but in exact work, the alkaloid must be extracted and weighed or titrated with standard acid, and this consumes hardly more than a direct titration of the acid fluid.

The procedure for extracting the alkaloid is as follows:

No. 2. Put into the vial containing the acid solutions 15 cc. of ether, shake well, let separate, pour off into a second similar vial containing 3 cc. of slightly acidulated water. Shake together, let separate completely and pour off the ether into a container for waste ether. Rarely a second washing of the ether with water may recover traces of alkaloid, and it is always best to take this precaution. Repeat the double washing of the contents of No. 1 and No. 2 with one or two successive portions of fresh ether, 15 cc., until all traces of chlorophyll and fatty or waxy matter are removed; the ether is to be poured off each time as closely as possible without loss.

Now add to No. 2 two or three drops of water of ammonia (10%) and 20 cc. of ether, shake immediately fifteen seconds and let separate. Make sure that ammonia is

in excess by testing the vapor in the vial with red litmus paper, which must not be allowed to touch the neck of the vial. If the paper is not made blue, add more ammonia, and repeat the shaking. Pour off the ether into No. 1, add water of ammonia in excess, perhaps 10 drops, and immediately shake vigorously 30 seconds. Let separate, return the ether to No. 2, but shake this only once and then let stand several minutes, so that the ether will separate completely from the watery fluid. Add to No. 1 fifteen cc. of fresh ether, shake well together and let separate. The ether is now to be decanted carefully from No. 2 into a tarred beaker, to be replaced by that from No. 1.

A third portion of ether passed in succession through No. 1 and No. 2 will generally extract all the alkaloid if it is one freely soluble in ether. (If not, it is better to use a mixture of ether 15 cc. and chloroform 5 cc. for the first washing, to be followed generally with pure ether for the subsequent washings). In any case, test the residual aqueous solution in No. 1, which should be generally quite clear, by placing a drop of it on a mirror, adding acid in excess and a drop of Mayer's reagent. There should not be produced more than a faint cloud, although traces of alkaloid will often be still found after five or six washings.

Evaporate the ethereal solution on the water bath to constant weight. If chloroform has been used in the extraction, redissolve the residue once or twice in alcohol and evaporate to expel persistently adherent traces of chloroform. Weigh the residue with a delicate balance. The weight of the alkaloid in decigrams multiplied by two, or the weight in centigrams divided by five will be the percentage of total alkaloid contained in the drug.

After weighing the crude alkaloid, dissolve it in 5 cc. of alcohol, add 5 cc. of N 1-25 hydrochloric acid and 25 cc. of distilled water. Be sure that the alcohol and



the water contain no traces of acid or of alkali, add two drops of Brazil wood indicator, (or haematoxylin or cochineal) and titrate back with N 1-25 alkali. The amount of alkali consumed must be subtracted from 5 cc. to give the acid equivalent of the alkali present. In case of alkaloids having only feeble alkalinity, the alkalimetric test is of course superfluous.

For rapid work, in the case of alkaloids that admit of determination of alkalimetry the assay may be abbreviated by evaporating the original ethereal extract (50 cc.) to dryness, taking up with acid-free ether, 10 cc., evaporating once more, adding 10 cc. of acid-free ether, together with 5 cc. of N 1-25 acid, evaporating off the ether and titrating back with N 1-25 alkali as described in the last paragraph. The alkaloid can be afterwards recovered from the solution in the usual way if this is desired.

The assay of galenical preparations frequently require some extra steps, e. g.: tinctures containing chlorophyll, fat or fatty acids, must be deprived of these before extracting with ether, the latter would otherwise appear in the result as alkaloid.

The process of J. U. Lloyd is described in detail as follows:

In a flat bottomed porcelain mortar with a good lip, mix 5 cc. of the fluid extract with 1 cc. solution perchloride of iron, add a mixture of equal parts of dry ferric hydrate and sodium bi-carbonate with constant trituration until a stiff magma results. Abstract the magma by repeated trituration with chloroform, using first 20 cc. and then three portions of 10 cc. each, making up in all exactly 50 cc. Divide into two equal portions. The first portion is placed in a separator with spherical bulk and extracted with three successive portions (10 cc.) of dilute sulphuric acid (2%). Collect the acid solution in a second separator, make alkaline with ammonia, wash out the alkaloid by rotating rather than shaking with three successive portions of chloroform (10

cc.). Evaporate the chloroform in a tarred dish to constant weight and weigh.

These processes give you a faint idea of the simpler procedures which must be gone through with in order to accurately test the component parts of any given drug.

I will leave it for you to determine how possible it is for any one who has not the requisite drill and practice to make a reliable analysis of any drug.

Dr. Miles expressed the thought of the members present when he thanked Dr. Bowers for the interesting paper which he had read before the society whereby they had gained some idea of the labor involved in the accurate analysis of any medical agent..

A spirited discussion ensued concerning the various preparations of drugs and their potency for good. Much was said concerning the superiority of the infusion of certain agents over the tinctures of the same remedy. From facts reported it was plain that a re-study of the infusions of many of our agents would prove beneficial.

PITTS EDWIN HOWES, M. D.,

Secretary.

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### **Kings County Eclectic Medical Society.**

The November meeting of the above society was held at the office of Dr. A. E. Martin-King, 229 Clinton Place.

President Stoesser being absent, Dr. O. A. Perine presided. There was a fair attendance of members but the general work of the society was postponed so as to give the directors of the Kings County Dispensary Society who also met at Dr. King's office that evening an opportunity to explain to the members their plans for the dispensary.

Drs. Pearlstien, Heeve, Louis, Nordbrock and others addressed the meeting and much enthusiasm prevailed.

J. A. NORDBROCK,

Secretary.

## Eclectic Medical Society of the City and County of New York.

New York City, Nov. 19, 1903.

The regular monthly meeting of the Eclectic Medical Society of the City and County of New York, was held at 194 Third Ave. President Herzog in the chair. Thirty-three members responded to the roll call.

Dr. H. Tienken and Dr. J. Coleman were elected to membership.

Dr. Elias Gordon and Dr. Mindlia Bilkis were proposed for membership.

Dr. Boskowitz reported a case of mucolith which he enucleated from beneath the tongue and called attention to the peculiar shape which the concretion exhibited.

Dr. Krausi the essayist for the evening read an essay entitled: Bacteria, their pathogenesis. The paper brought out a good discussion and the subject of tox-albumins, alexins and immunity received much attention during the discussion.

Dr. Boskowitz announced the death of Dr. S. Janowitz one of the honor men of the class of 1903.

The chair appointed as essayists for the next meeting Dr. Heeve and Dr. Scaison.

W. L. Heeve, M. D.,

Secretary.

## Selections

### Adrenalin and Its Uses in General Surgery.

Under the above title an article appears in the October issue of the *Indian Medical Gazette*, from the pen of Harry Gidney, F. R. C. S. (Edin.) D. P. H. (Camb.), etc. The author finds that "the clinical usefulness of adrenalin is very great and extensive, and owing to its power of rapidly and effectively producing vaso-motor constriction, it is adapted to the treatment of all inflammatory conditions. The drug is also of extreme value in arresting hemorrhage during all surgical operations. It is indicated whenever and wherever any local

hyperaemia exists, more especially in inflammations of mucous surfaces such as those of the eye, throat, larynx, pharynx, urethra, bladder, nose, rectum vagina, stomach, uterus, etc. It is used not only to stay hemorrhage when it exists, but also as a preventive or controlling remedy, given either internally or externally prior to an operation, so as to lessen the amount of bleeding during the performance of that operation. It is a non-irritant to mucous membrane unless when used too frequently and in excess.

"On reading the literature on the subject," says the writer, "I find that adrenalin is admitted to be the most powerful and rapid cardiac stimulant and tonic we have, being chiefly used in cardiac affections, haematemesis, hemoptysis, hemophilia, haematuria-menorrhagia, post partum hemorrhage, purpura, scurvy, etc. It is said to be the most rapid restorative in chloroform and other forms of anesthetic syncope, and in such cases it is advisable to administer it intravenously.

The author reports the results of several operations, major and minor, in which adrenalin was employed. The first case was one of fracture of the vertex of the skull. As one of the larger branches of the middle meningeal artery had been torn there was profuse dural hemorrhage and capillary oozing which were controlled by the use of the 1-1,000 solution. In the second case, one of hemorrhoids, profuse bleeding was checked by the rectal insertion of a plug of cotton wool soaked with adrenalin chloride solution.

The third case was one of skin grafting in which the author tried pressure to stop the capillary bleeding. As the procedure was somewhat tedious he applied adrenalin chloride solution with almost immediate cessation of all oozing, and what is usually a lengthy and sanguinary operation was converted into a short and comparatively bloodless one.



The fourth case, one of hemorrhage after the extraction of teeth, and the fifth, which appear to embrace the author's experience in a number of cases of epistaxis, afforded additional opportunity to test the hemostatic effect of adrenalin.

In case VI a post partum hemorrhage was checked by swabbing the uterine cavity with adrenalin solution, while the same happy result was obtained in a case of secondary hemorrhage following an operation for the relief of a mammary abscess.

The author has found that the instillation of a 1-5,000 to 1-2,000 solution of this drug reduces the inflammation and considerably cuts short the process of conjunctivitis. He usually applies it (diluted) over the inflamed parts by means of a soft camel's-hair brush. He always uses the preparation containing chloretone, which has a decided local anesthetic action relieving much of the photophobia and pain. He is fully convinced of the power of adrenalin to arrest or lessen the bleeding that arises from the cut ends of the iris after iridectomy. He speaks highly of its efficiency in chemosis, cataract operations, evisceration of the eyeball, operations for ectropion, symblepharon and trachomatous pannus.

The author concludes that in all cases of minor surgery in which it is desired to arrest bleeding from any cut or exposed surface we have in adrenalin a most useful, powerful and rapid drug—one that is non-poisonous, non-irritant and non-accumulative, especially in operations upon the conjunctiva and eyelids.

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### First National Medical Society.

BY H. W. FELTER, M. D.

In these days of national organizations for every craft and profession, one can hardly realize that less than three-quarters of a century ago there was no such thing known in America as a national

medical association, organized for the performance of those functions which we now dominate as strictly national in character. It is true that there existed in Philadelphia, in the colonial days of 1783, a society which bore the name American Medical Society, of which Dr. William Shippen was president and Dr. Henry Stuber secretary, but its record is not well known, nor was its scope, as would appear from its title, national in character.

It may, therefore, be of interest to recall the fact that such a national organization was first conceived and formed by the so-called irregular physicians—the early American reformers in medicine, who were the progenitors of those who practice our present eclectic system of medicine. It was in 1829 when medical matters in America were undergoing severe trials and disruptions. Dr. Wooster Beach had for many years been preparing for his famous opposition to regular medicine. As early as 1825, at least, he had given private instruction to medical students at his establishment at No. 93 Eldridge street in New York City. Homeopathy had just been introduced into America (1825) by Dr. Hans Birch Gram. Beach, in 1827, extended his innovations and teachings, and demonstrated his claims of superiority over other medical systems by establishing an infirmary for the treatment of the sick and the instruction of his students. This he expanded in 1829 into a school to be known as the Reformed Medical Academy, which name was changed in 1830 to the more dignified title of Reformed Medical College of the City of New York. Elated at his success, he desired to extend the influence of his school and teachings to all parts of the country, and took measures to accomplish that end. As an entering wedge, he conceived the idea of a national medical society which should do missionary work for the new cause. In



this crusade he was warmly seconded by his associates and students, several of whom afterward rose to positions of honor and fame not second to those enjoyed by their worthy preceptor. Beach named this pioneer society the Reformed Medical Society of the United States.

It was, indeed, a national gathering. The metropolis of the Empire State furnished the president, Dr. Wooster Beach, and the treasurer, Dr. G. W. Downing. The domain of Penn provided the vice-president and the secretary in the persons of Drs. John J. Steele, of Fayette County, and Thompson Richardson, of Marietta, respectively. Dr. Thomas V. Moreau (Morrow), from the land of Boone and Kenton; Dr. Amzi Sanborn, from the rugged coast of Maine, and Dr. S. A. Stanley, almost from out the shadow of the Charter Oak, comprised the board of examiners.

Thus, from Maine to the Southwest was the country represented in this gathering. These men were in earnest. They were harmonious and had in view the one object—the national expansion of their system. No time was wasted. They passed resolutions. Other societies have done the same. But this body followed up its resolutions with action, and the results were momentous in the history of reformed medicine. When the unbiased history of the medical art shall have been published, this convention shall not be passed by, as now, without mention, but, small though it was, it shall be reckoned as one of the potent agencies looking toward the betterment and well-being of mankind. On May 3, 1830, a date that should burn itself into the memory of every Eclectic, a meeting was held at which the following resolutions were passed. As seldom more than the first section has usually been published when referring to the resolutions, we insert the text, to wit :

Resolved, That this society deem it expedient to establish an additional school in some town on the Ohio river, or some of its navigable tributaries, in order that the people of the West may avail themselves of the advantages resulting from a scientific knowledge of botanic medicine.

Resolved, That Dr. John J. Steele be sent, on or before the middle of August next, to explore the towns on the Ohio river, from the head of navigation to Louisville, in order to fix upon an eligible site for a Reformed Medical Institution, and in case of failure, to proceed further west or south.

Resolved, That any information from the citizens in any of the towns on the Ohio river concerning the location of this contemplated institution will be thankfully received.

Resolved, That those who contribute towards erecting the edifice for said school shall be repaid in full in medicine and attendance by our faculty; or in the instruction of such young men as they may choose to have instructed in the principles of the new system.

Resolved, That these proceedings be signed by the president, vice-president and secretary, and the editors in the West be particularly requested to give them one or more insertions.

JOHN J. STEELE, Vice-president,

W. BEACH, President,

WASHINGTON STARRETT, Secy.

93 Eldridge street, New York City.

A stray copy of the circular containing these resolutions drifted to Worthington and fell into the hands of Col. Kilbourne, the president of Worthington College. Communication was at once established between Beach and Kilbourne; and Steele was sent to organize. Failing to but partially accomplish the desired results, Steele was superseded by Dr. Morrow, who assisted his able colleague (sent from

New York, also,) Dr. I. G. Jones, soon put the movement on a good footing and the medical department of Worthington College had its beginning. All this was accomplished in but one month more than a year, and that in the days when the means of communication were expensive and scarce and modes of travel arduous. No railroads, no telegraph, no telephone assisted in the work. More modern conventions have every facility for rapid work, yet who can say that any medical convention, ancient or modern, ever accomplished a greater and better work than that of this first national medical society of America.—*Eclectic Medical Journal*.

#### Threatened Abortion and Miscarriage.

This constitutes one of the most valuable indications of Hayden's Viburnum Compound. Instead of narcotizing the patient like the opiates it arrests pain and checks hemorrhage in a far more effective and agreeable manner. In view of the marked antispasmodic and anticongestive power of this preparation, its value will be readily appreciated in the treatment of these cases when employed in connection with perfect rest.

The dose at the beginning should be one dessertspoonful, followed by teaspoonful quantities when required. When, however, miscarriage has occurred or is inevitable Hayden's Viburnum Compound is equally indicated for the control of the bleeding, the relief of the pain, and the prevention of complications, such as inflammation of the uterus or appendages.

In retention of urine from a spasmodic contraction of the neck of the bladder, full-sized doses of gelsemium is a most excellent remedy.—*Summary*.

As a parturient or emmenagogue macrotys is used when the patient complains of pain and tenderness in the uterus and backache.—*Summary*.

## Query Department

Conducted by

PITTS EDWIN HOWES, M. D.

Boston, Mass.

All communications for this department should be addressed to PITTS EDWIN HOWES, M. D., 703 Washington Street, Dorchester District, Boston, Mass., and must be received by the 28th of the month in order to be answered in the next number of the REVIEW.

H. E. D.—I read the "Query Department" of the REVIEW with much pleasure and profit. Many of the suggestions that are made there have proven of much practical benefit to me in the practice of my profession. I desire, at this time, to express my hearty thanks for what I have received in the past and ask that, in the next number of the REVIEW, you will enumerate some of the more important remedial agents for throat affections, and the indications for their respective use.

Throat affections vary from the mild forms of pharyngitis, laryngitis, or tonsillitis to those of membranous croup and malignant diphtheria.

I judge that it is the simpler forms that the query above alludes to, and what follows will especially be directed to those conditions. I heartily believe however that many a severe case might be prevented if they had received proper treatment at the outset. Among the remedies which can be used advantageously in throat affections may be mentioned, phytolacca, collinsonia, lobelia, diocera, carbonate of ammonium, aconite and veratrum.

Phytolacca is especially indicated when the glands of the neck wherever situated are involved. Many a case of incipient tonsillitis may be nipped in the bud by the early use of this valuable agent, both internally and by means of a gargle. I add 5ss to i℥ spec. phytolacca to aqua ʒiv and direct the patient to take a teaspoonful of this mixture every half hour. A gargle is prepared



by adding 3ii or 3iii to aqua 3iv and used freely. Collinsonia is useful when there seems to be a fullness of the venous circulation and may be frequently added to your phytolacca with good results. Use in the same dose as the phytolacca.

The key note for the administration of lobelia lies in the constrictive feeling of the throat where the tendency to asthmatic breathing is prominent. Remembering this you will have many gratifying results from its use. Be sure and use the *tinct. of seed*. It acts more promptly and certainly. Add 10 to 15 gtts to your four ounce mixture and give of this teaspoonful doses from every fifteen minutes to once an hour according to the urgency of the symptoms.

Diocera seems to exert a peculiar influence upon the vocal cords, reducing the inflammation and removing the huskiness of the voice which is a prominent symptom in many form of laryngitis. Carbonate of ammonium is especially useful where you desire to clear the voice for a few hours. I have not found this remedy so much of a curative agent as a palliative one. For public speakers and singers it is invaluable. Aconite may be given with good results when there is much rise in the temperature, unless such rise should be accompanied with the dark, purplish red which is indicative of erysipelas when veratrum will be the remedy. The two latter agents should be added to the gargle as well as the internal medicine. The internal dose of these last two remedies should be small 5 to 10 gtts to your four ounce mixture while one drachm may be added to the six ounce gargle.

E. F. K.—Can you tell me of some simple remedy for the painful menstruation so frequently met among females?

"Hayden's Viburnum has relieved a host of such cases. If you do not have that with you, or do not for any reason wish to prescribe it, put equal parts of specific viburnum and helonius into a one ounce vial and

direct your patient to add a half teaspoonful of the mixture to a half cup of hot water, sweetened and drink it all. This dose may be repeated every half hour until relief is obtained. It will procure you many friends.

## Book Reviews

Transactions of the National Eclectic Medical Association of the United States of America, for the year ending June 11th, 1903, including the proceedings of the thirty-third annual meeting, held at Indianapolis, Indiana, June, 1903, together with the addresses, reports, papers and essays presented before the several sections in their sittings. Edited by Finley Ellingwood, M. D., secretary, Chicago.

Vol. XXXI, Chicago, 1903.

We have looked over this volume carefully. It contains the report of a very successful meeting, largely due to the fact that our friends in Indiana are good organizers, and that the president and his committee of arrangements attended to the little details which go so far to make a meeting a success. The appointment of an advisory committee also saved the society much time, so that we have in this volume many valuable papers that would have been crowded out had not this committee cleared the atmosphere. The editor, our able secretary, has done his part well. The book, which covers 425 pages, is a credit to the organization.

A non-surgical treatise on diseases of the prostrate gland and adnexa, by George Whitfield Overall, A. B., M. D., formerly Professor of Physiology in the Memphis Hospital Medical College. Rowe Publishing Co., 1312 Washington street, Chicago.

It is quite unusual in these days to find a work that treats of the numerous difficulties incident to the diseases of the prostrate gland without the use of the knife, therefore this volume was looked



over with special interest. It is divided into nine chapters, two of which are devoted to electro-physics, electrolysis and cataphoresis. There are many very fine illustrations in this work and the report of the clinical cases illustrates well the author's mode of treatment. I believe a far greater amount of good can be accomplished by electricity in the treatment of these difficulties than by resorting to the knife. The chapters on electrolysis and cataphoresis are alone worth the price of the volume.

"Red Head." By John Uri Lloyd. Illustrations and decorations by Reginald B. Birch. New York; Dodd, Mead & Co. 1903. Price \$1.60, postage 14 cents extra.

Price \$1.60, postage 14 cents extra.

We are not ready to present the readers with a review of Red Head at this time for we have not had a chance to look it over with that care and thought that we know it will merit, and yet we felt it wise to call the attention of our readers to the book, which is magnificently illustrated and from a typographical standpoint a work of art, and those of you who know Prof. John Uri Lloyd and are familiar with any of his novels can have no doubt as to the interest that must attach to the story.

The book will make an interesting and beautiful holiday gift.

FYFE'S MODERN MATERIA MEDICA. We take pleasure in reviewing this compact little work. It contains a very correct summary of the symptomatology of our remedies as observed by our best writers. The Doctor has gathered the facts concerning each remedy with much care, and has arranged them systematically and practically. It requires skill to tell a good deal in a few words. The author preserves the classification of the older writers. The book will be found most available for reference when the indications for a remedy are desired. The book is well written and will be well received.—*Charlotte Medical Journal*.

## Items

S. Janowitz, M. D., died after a short illness. He was one of the "honor men" of the class of 1903.

Dr. Preston W. Wright has removed his office and home to 217 West 105th street, between Amsterdam avenue and Broadway.

A most enjoyable affair was the dinner tendered to the faculty by the dean on Dec. 8th.

"The Daily Medical Journal" will be published January 1, 1904. We need a physician as staff correspondent in every town in this State to supply us with scientific, social, institutional and personal news, and will pay regular newspaper rates for this service. Instruction, stationary and badge free. Address Mr. J. Antonowvitsch, 154 East 72nd street, New York city.

The Beachonian ball on December 11th was both a social and financial success, and great credit is due the young people who had the affair in charge.

Fine opening for young Eclectic at Springwater, N. Y., which is a most flourishing town. Sure to make over three thousand the first year. For particulars address F. V. Foster, M. D.

Under the guidance of Dr. A. Martin King, the King's County Dispensary Association will give a musical and dance at Bedford Mansion, Wednesday evening, December 16th.

This is the season for entertainments. The Beachonian Dispensary Society, and the Cosmopolitan Hospital each are arranging for a public entertainment.

The College Dispensary will be open for business after January 1.

## THE WORLD'S FAIR.

### THE NATIONAL ECLECTIC MEDICAL ASSOCIATION AND THE WORLD'S FAIR.

I BELIEVE every true Eclectic desires to see his school prosper, to see the day when Eclecticism shall be known and honored as the old school is to-day, and to see the early consummation of an equal distribution of appointments, both in governmental and commercial affairs—not that he may share so much in pecuniary gain, but in recognition of the fact that he is an equal in medical affairs.

That in point of skill and ability he is the peer of any; that we are making progress each year toward these desirable ends none can deny, but it is equally true that, while we are making advances, the goal could be reached much sooner by united effort.

Whenever the National Association has a working membership of a thousand, fifteen hundred or two thousand, it will impress this country as it never has been impressed as to the position of Eclecticism. This being true—and I think none will dispute the force of the statement—it behooves every Eclectic to join his State society and the National.

*This* will be an opportune year—the World's Fair year. Everyone who can possibly get to St. Louis next year should do so and visit the greatest exhibition this old world has ever seen. Fifty million dollars will have been expended in making this the marvel of the world. A few weeks spent in St. Louis in 1904 visiting the wonders and treasures that have been gathered from all parts of the world will be an education in itself—for one can see there in a few weeks what would cost years of time and travel.

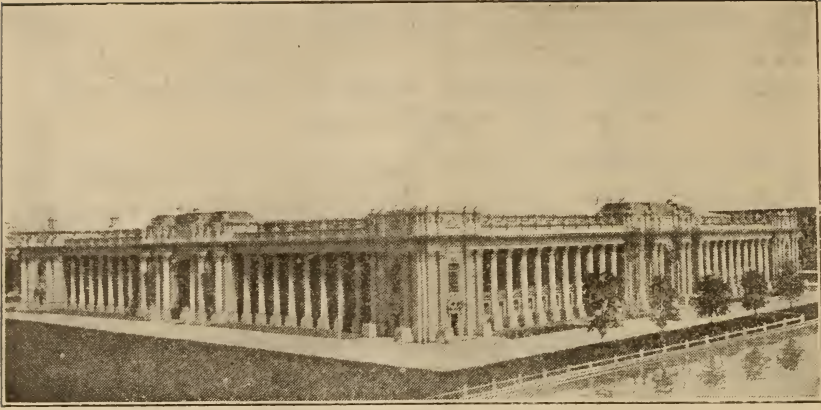
The executive committee of the National met in St. Louis, October 27, to arrange the preliminaries for our meeting next year. In all probability our meeting will be held in a hall on the grounds. We took a run out to the Fair Grounds and were agreeably surprised at the advancement in the Fair Buildings. The Fair Committee promises to have every building completed and exhibits in place on the opening day, April 14.

The Fair Grounds occupy 1,250 acres, and the buildings must be seen to be fully appreciated. This month we present illustrations and descriptions of several of the prominent and main buildings.

R. L. THOMAS, M. D.

Cincinnati, Ohio.

*President.*



EDUCATION BUILDING.

The Education Building of the Louisiana Purchase Exposition is of the Corinthian order of architecture. It is situated to the left of the main lagoon, and this and the Electricity Building are the only two buildings facing the Grand Basin with the cascades and approaches to the terrace crowning the hill on which the Art Building stands. While not the largest in area, its position makes it one of the most conspicuous buildings in what has been called the "main picture" of the Exposition. Eames & Young, of St. Louis, are the architects of the structure.

The building fronts 525 feet on the main thoroughfare of the Exposition. The principal entrances are on the axis of the building, and somewhat resemble the well-known form of the triumphal arch. At each angle of the building is a pavilion, forming a supplementary entrance, and these are connected by a colonade of monumental proportions. The four elevations are similar in character, varying only as required to accommodate the design to the irregular shape of the ground plan. A liberal use of architectural sculpture lends a festal character to the otherwise somewhat severely classical exterior. The screen wall back of the colonade gives opportunity for a liberal display of color as a background for the classic outlines of the Corinthian columns, affording liberal scope for the mural decorator.

The interior court follows the general outline of the building in form and style, and is laid out in the form of a plaisance or garden of a formal type. It is also suggested that this building, the roof of which is on a level with the terrace of the Art Building, could be successfully used as a promenade, with a roof garden and restaurant.

The contract price of the Education Building was \$319,399, and its builder was John J. Dunnivant & Co. It was completed by Dedication Day, was occupied at that time by the United States' regular troops and later was used as a sculpture shop.

Howard J. Rogers, Chief of Department, has charge of exhibits.





MACHINERY BUILDING.

The Machinery Building's main dimensions are 525 feet by 1000 feet. Its cost is about \$500,000. It is served by a gigantic traveling crane, and by two tracks of railway running through the building from east to west. The ground allotted for the building is of peculiar shape, viz., a large parallelogram with a huge corner piece cut out of the south-east angle. Widmanu, Walsh & Boisselier, of St. Louis, the architects, have furnished the following statement in regard to the structure :

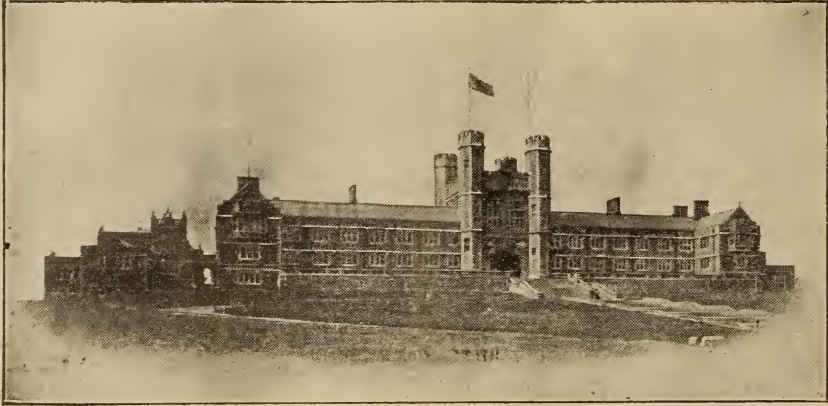
"In a building of this immense magnitude it behooves the designer to apply symmetrical treatment whenever feasible, and we have therefore designed the four facades subservient to this principle. In the south front towards the hill the main entrance shows a triple arcade with flanking pavilions in the center. The north front of 1,000 feet has an arcade of seven arches as a center feature. The two axes of these central features are 160 feet apart, and in our ground plan we have formed on each of these axes a cross-aisle and nave of 80 feet in width. These two aisles are connected by a lower room, with lantern light above. The east facade shows a comparatively low building centered by two gables and smaller entrance feature. The re-entering angle on the south-west corner is very interesting in its development. The other corner features are each made with a triumphal arch entrance taken from the principal motif, with two of the principal pavilions in the line of the facades. As a landmark we have used two large towers, raised in the center of the immense main aisle of the structure, and immediately back of the large arcade feature of the north facade. The towers are safely built upon massive piers, and form a magnificent corner turning feature in the general complex of Exposition Buildings, the Machinery Building being the end one of the main group.

"The axial measurement of unit in the building is 20 feet, and the width of the various aisles are multiples of this unit, being 40, 60, and 80 feet wide respectively. The main aisles are 65 feet in height, and the secondary aisles 30 feet, affording an abundance of clerestory

## THE WORLDS' FAIR.

light. The building is to be enriched with spandrels and other ornamental features, and surrounded with occasional sculpture groups."

This building houses the Exposition power plant, the largest power plant ever shown as an exhibit, and just west of it is the boiler house. The structure was erected by the Smith & Eastman Co.



ADMINISTRATION BUILDING.

The Administration Building at the World's Fair, St. Louis, is the principal structure of eleven new buildings known as the Washington University group, which is to be the permanent home of the University after the close of the Exposition. All are in the Tudor-Gothic style of architecture, as exemplified in the college buildings of England of the time of Henry VIII and Queen Elizabeth. The Administration Building is 325 by 118 feet, and has in the center a massive tower 77 feet high, topped by four octagon towers, one at each corner. The doorway in the tower is a magnificent arch. The facade of the tower is elaborately ornamented with canopied niches and with strong courses on which appear the heraldic shield bearing the University coat of arms. In front of the entrance is a terrace 50 by 264 feet, and leading up to the terrace are steps of cut granite 35 feet wide. The building is of pink Missouri granite with Bedford (Indiana) limestone trimmings, cost \$550,000, and is fireproof throughout.

President Francis and Secretary Stevens have offices in the building, and so has the National Commission. The Board of Lady Managers and the Missouri Commission will also be located there until their respective buildings are completed. The Division of Exhibits and Division of Exploitation take up a large part of the building and the Department of Concessions occupies one of the big office rooms.

The rooms of two large buildings adjoining—Busch Building and Cupples Building No. I—are also used for the administration work of the Exposition.















